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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10993 CERTIFICATE OF DEATH

10965

Reg. Dist. No..... PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this placa) OR TOWN TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS (First) 3. NAME OF (Middle) (Last) DATE (Yaar) DECEASED OF (Type or Print) DEATH CONE SEX COLOR OR SINGLE, MARRIED, DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED RACE Days Hours Months I Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS CITIZEN OF WHAT done during most of working life, even If OR INDUSTRY COUNTRY? DITOIZ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or dates of service) MICENE 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE **[A]** DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work 56., that I last saw the deceased 22. I hereby certify that I attended the deceased from P.M., from the causes and on the date stated above. alive on...., and that death occurred at SIGNATURE ADDRESS (Street, city, town, state) DATE SIGNED M.D. MAME OF CEMEJERY OR CREMATORY BURIAL CREMATION. LOCATION (City, town, or county) (Stata) REMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1096610994 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore filed b. COUNTY MARYLAND Anne Arundel Maryland erol b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give negrest town) should 35 Days Annapolis Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS S RESIDENCE ON A FARM? Veterans Administration Hospital RFD # One. Box 305 YES NO DO NAME OF Middle Day Year DECEASED (Type or print) JOHN. E. ANDERSON. JR. November DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months November 22,1894 Male Colored WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Conowingo, Maryland U. S. A. Laborer Naval Academy 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Anderson Anna Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes Clin. Rec. , Vet. Adm. Hospital, Ft. Howard, Maryland Unknown offending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN 2 PART I. DEATH WAS CAUSED BY: CORONARY OCCIUSTON IMMEDIATE CAUSE (o) 420. DUE TO Canditians, if any, which (6) gave rise to immediate DUE TO couse (a), stoting the underlying cause last. Post operative wound infection, left herniorrhaphy incision. 19. Was autopsy performed? Yes No 10 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) Hour a. fi. foctory, street, office bldg., etc.) Not while at wark at wark p. m. AND SOCIETY OF THE COURSE AND THE COURSE AND THE COURSE AND ON the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL M.O. VAH. FORT HOWARD, MARYLAND P PHYSICIAN'S J. PAPASTRAT. M.D. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria Mount Tabor Cemetery Anne Arundel Co. Maryland 10 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Johnson Funeral Home. 34 Lafavette St. Annapolis. Md.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	000	CERTIFICATI	OF DEATI
9			

10967 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	-				USUAL RESIDENCE (Vo. STATE		d lived. If instituti		e before o	dmission)
	Baltimore		MARYLAN		Mary.					
b. CITY OR TOWN (RURAL and give n	(If outside corporate lim learest town)	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond g	ive nearest	town)
Fort Howa	rd	3.3	2 days		Baltimore	3			3 V	101-4
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS				e. 1	S RESIDENCE
	dministrati	on H	ospital	2	124 E. Jef	ferso	n St.			ES NO I
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	LEO		(NMI)	AN	TOS	OF DEATH	Novemb	er :	24	1956
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years			UNDER 24 HRS.
Male	White	WIDOW	ED DIVORCED	10	/11/91		lost birthday)	Months	Days H	ours Min.
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR II	NOUSTRY	11. BIRTHPLACE (Stot	te or foreign c	ountry)	12. CITI	ZEN OF W	HAT COUNTR
Tailor	king tile, even il retirec	T	ailor Shop		Marvla	and			' U.	S.A.
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
Charles	Antos				Mary Neu	ıman				
IS. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	7. INFO		2011-0021	Add	ress		
Yes, no, or unknown)	Ilf yes, give war or dates of		15-09-1150	Clir	.Rec.Vets	Admin.	Hospital	Rt. He	กหลาง	.Ma
	and and		ne for (o), (b), ond (c).]	OTTI	(61.60.4.600)	ar Quilli	1100proar	91 0e110		
17 11 12 11 11	ATH WAS CAUSED BY:			ETMANT.	TIACE				ONSET.	AND DEATH
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OR CONTRIBUTING	AS UNDERLYING C	20b. DES	CRIBE HOW INJURY OCCL	JRRED. (Er	iter nature of injury in	Port I or Por	t II of item 18.)			
	MEDICAL EXAMINER)					Li coan				
	RY Month, Day, Ye			PLACE	OF INJURY (Home, for street, office bldg., e	m, 20f. (City	or town)	(C	ounty)	(Stote)
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23. FUNERAL DIRECTOR			ADDRESS			D BY REGIST	TRAR 24b. REGI	TRAR'S SIG		041
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10996 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY dire MARYLAND Baltimore Maryland death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 å c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld 10 days Baltimore 24 hours after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION eterans Administration Hospital Childs Court NAME OF First Middle Lost DATE Month DECEASED NMT' THOMAS ATKINSON. (Type or print) DEATH November within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Male Colored WIDOWED | DIVORCED [papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) Laborer Construction Georgia pou Offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Atkinson, Sr. Maude Calhoun 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Yes Clin. Recs. Vets. Admin. Hospital, Ft. Howard, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 7 PART I. DEATH WAS CAUSED BY RETROPERITONEAL SARCOMA IMMEDIATE CAUSE (a) DUE TO permit. ony Canditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) 0. 17. Not while of work of work p. m. for 21. I certify that Mattended the deceased from October 30 ___, 1956__, to November 9 _, 19 56 at the technique with a classical section of the contract of the THE CONTROL OF THE CO ECTOR: ADDRESS (Street, city or town, state) ACTUAL M.D. Veterans Administration Hospital DE P. 0

C.J. PAPASTRAT. M.D.

Reg. Dist. No. IS RESIDENCE ON A FARM? YES | NO | R Day Year 1956 9 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

(County)

2

PHYSICIAN'S NAME (Type)

REMOVAL (Specify) Burrial

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

altimore. Maryland 24a. REC'D ST REGISTRAR 24b. REGISTRAR'S SIGNATURE Mortuary 802-01 Madison Ave. Balto

22d. LOCATION (City, town, or county)

Fort Howard, Md.

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Baltimore National

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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10999 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If ony delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 should be farw and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your es. M PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) O. STATE b. COUNTY T Doll+4 maga Penn-03 VS. A15ME(5)

5M 9/55

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Reg. Dist. No.

b. CITY OR TOWN and give nearest too									
	(If outside corporate limits, write RURAL wn)	c. LENGTH OF STAY IN	c. CITY OR TOV	VN (If autside cor. Phila.	porate limits, write	RURAL and	give ned	prest tawr	n)
4 NAME OF HOSE							(0)	No.	
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Puls	aski Highway			2216 N	Clevela	md St.		YES 🗌	NO 🍱
3. NAME OF DECEASED (Type or print)	First	Middle	BANKS	4. DATE OF	Mont		Day 26	Yeo	
	IRA			DEATH	Nov.			19	
5. SEX Male	Colomad	ARRIED ARRIED DIVORCED	3. DATE OF BIRTH	74	9. AGE (In years lost birthdoy)	Manths (Hours I	Min.
10a. USUAL OCCUPAT	ION (Give kind of wark done)	Ob. KIND OF BUSINESS OR IN		(State or foreign o		12 CITIZ	EN OF	WHAT C	OUNTRY
during most of work	ing life, even if retired)		AMERICA - 20 THE	Charles				5. A.	
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	V 40-0				
Geo	rge R. Banks		An	rilda					
	YER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. I	17. INFORMANT	TTOST	A.I.I		-		
(Yes, no, or unknown)	(If yes, give war or dates of service)	10. JOCIAL SECONITT NO.			Address				
		A	Alston Good	win	Cape C	harles	. Va		
18. CAUSE OF DE	ATH [Enter only one cause per	line far (a), (b), and (c).]						AL BETWEEN	
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PART II. OT PART II. OT 200. EXTERNAL CAP PRIMARY BOOF CC CAUSE OF DEATH 130 P. m. 21. I certify I death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMATI	THER SIGNIFICANT CONDITION AUSE WAS DITRIBUTING URY Month, Day, Year X 11/25/ 1956 That I taak charge of the fram: Natural cause William V. Lov ON, [22b, DATE THEREOF	Auto-true Od. INJURY OCCURRED Not while Not work of work in the remains described on the remains	PLACE OF INJURY (Home factory, street, office bldg street above, held an Au Suicide, Hami	tapsy , licide , Ui	of item 18.) ar town) aspectian addetermined of	Balto Inquiry cause	YE NILY)	Md. and fin	(State)
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PART II. OT PART III. OT PART	THER SIGNIFICANT CONDITION AUSE WAS ONTRIBUTING 20b. DESC ONTRIBUTING 20b. DESC AUSE WAS ONTRIBUTING 20b. DESC William V. Lov ON. 22b. DATE THEREOF 11/26/56	Auto-true Od. INJURY OCCURRED Od. INJURY OCCUR	ED. (Enter nature of injury in the collision place of injury (Hame factory, street, office bldg street above, held an Au Suicide , Hami A.D. CHIEF MEDIC ASSISTANT MEDICAL ASSISTANT M	tapsy , licide , Ui ALE EXAMINER ICAL EXAMINER ICAL EXAMINER ICAL EXAMINER ICAL EXAMINER ICAL EXAMINER 22d. LOCA REC'D BY REGIST	of item 18.) ar town) aspectian ndetermined of REPART TION (City, town, town, town, town) RAR 24b. REGI	Balto. Inquiry cause [].	YE NATURE	Md. and fin	(State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11000 CERTIFICATE OF DEATH

Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institution b. COUNTY	: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RUI	RAL and give nearest town)
52 Catonsville	4mthl2dys	Baltimore Ci	ty	3V01-4
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HO	SPITAL	4601 Pall M	Mall Rd.	YES NO 🔼
3. NAME OF DECEASED (Type or print) ISAAC	Middle	Bartz	4. DATE Month OF NOVEM	ber 15, Year
	MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH July 25, 188	[ast birthdov]	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	106. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
unknown		unkno	own	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give wor or dates of service)		NFORMANT Records: SPRI	Addres	
Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIO		tic cardiovas		PERFORMED?
OR CONTRIBUTING IL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20	DESCRIBE HOW INJURY OCCURRED d. INJURY OCCURRED for hile Not while	D. (Enter noture of Injury in P ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	YES NO Soc
21. I certify that I attended the decative on Nov. 15, 1	eased from Nov. 9, 9, 56, ond that death	occurred at 9:05a	Nov. 15, 19 56, LM, from the couses one ADDRESS (Street, city or town, sto	OSPITAL 11-15-56
220. BURIAL, CREMATION, 22b. DATE THEREOF EMOVAL (Specify) 22 FUNERAL DIRECTOR'S SIGNATURE	22c. MAME OF CEMETERY O		22d. LOCATION (City) town, or	

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8

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110	JUI CERTIFICA	AIE OF DEATH		Reg. Dist. No.	44
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	II o. STATE	re deceased lived. If institution b. COUNTY		e odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard	6 days	c. CITY OR TOWN (If our Baltimore	atside corporote limits, write R	URAL and give near	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Veterans Administration Ho		d. STREET ADDRESS 4044 Wilkins	Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) EMORY	Middle	BEACH	4. DATE Mon OF DEATH NOVEMB		Year .19 56
Male White WIDOW		8. DATE OF BIRTH 12/26/18	9. AGE (In years lost birthday) 37 yrs.	Months Days	
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Packer	KIND OF BUSINESS OR INDU Hardware Supp			U.S.A	F WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
John Beach			beth Wright		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give wor or dates of service) WWIII 16. CAUSE OF DEATH [Enter only one couse per I	218-01-3610 C	nformant lin.Rec.Vets.A	Addin.Hospital		d,Md.
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS.		NOT RELATED TO THE TERMIN		1	P. WAS AUTOPSY PERFORMED?
	SCRIBE HOW INJURY OCCURRE				
Hour o. gr, While		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or tawn)	(County)	(Stote)
21. I certify that Vettended the decease in the product of the pro	D.	M.D. <u>Veterans</u> Fort Howa	M, fram the causes a portion of the courses of the course	and on the date state) n Hospita	e stated above DATE SIGNED 1 11/25/5
REMOVAL (Specify) 11 28-56	Baltimore	National	Baltimore,	Md.	(State)
G. Truman Schwab Funeral H	ome 3512 Freder	- 1 alexa	by registrar 246, regis	awson C	L. Farle

VS A15 (4) 15M 9/55



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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11002 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10974 Rog, Dist. No. 40

1. PLACE OF DEATH Ba 140 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY	nce before admission)
b. CITY OR TOWN If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and after necrest town).	c. CITY OR TOWN (If-outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) HO 9 Back Gener Neck R.D.	d. STREET ADDRESS 409 BACK River Neck	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ANNIE ISABELLE B	Last 4. DATE Manth OF DEATH	Day Year / 8 19 5 C
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED		TYEAR IF UNDER 24 HRS. Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	LEN OF WHAT COUNTRY?
Borden Brown	14. MOTHER'S MAJDEN NAME Chiving freshe	w
15. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give wor or dates of services]	NFORMANT Address V	
Millestrice Chose (a)	clusion	INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause	Cardiavaseular Dis	4413
(a), stating the underlying DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTIONS CONT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	inter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While at work at work	CE OF INJURY (Home, farm, 20f. (City ar tawn) (Cau pry, street, affice bldg., etc.)	nty) (State)
21. I certify that I took charge of the remains described about death resulted from: Natural couses 7. Accident 7. Sui	ve, held on Autopsy , Inspection Inquiry	y A and find that
ACTUAL (be of Phall.	CHIEF MEDICAL SYMMETER C	DATE SIGNED
EXAMINER'S JACK P P. 11 TWS	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	11-18-52
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BEMOVAL (Specify) 11-2/26 St. Aten	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 10 CO	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
		18

Samuel Ca Inter

Chart C. Willer Santter

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	003	CERTIFICATE	OF	DEATH
	000	APILLIA I ALLIE	•	

 $\underset{\text{Reg. Dist. No.}}{10975} 44$

1. PLACE OF DEATH o. COUNTY imon	re		MARYLA		Mary land	CE (Whe	re deceosed	lived. If instituti b. COUNTY	on: Residence	e before odπ	ission)
b. CITY OR TOWN (I RURAL and give no	If outside carporate limi earest town)	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOW Dunda		tside corpor	ate limits, write R	URAL and g	rive nearest to	wn) 5
d. NAME OF HOSPIT OF INSTITUTION Lodge Fore	FAL (If not in hospitol, g est Home	ive street	address)		d. STREET ADDR		am Ave	enue		ON	ESIDENCE A FARM? /
3. NAME OF DECEASED (Type or print)	Anna fir	st	Middle A.	Ве	litski		4. DATE OF DEATH	Nove		Doy 1, 1956	Year
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED ED DIVORCED		July 23,	187	0	9. AGE (In years 1691) pris.	- I	Doys Hou	
100. USUAL OCCUPATION during most of work at home	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR		(Stote o		untry)	12. CITI	USA	AT COUNTRY
13. FATHER'S NAME Frank Cl	haney				14. MOTHER'S MA	yn S	mith				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		ORMANT . Wilbur	Kel	lum	1908 Wa		Road	
Conditions, if a gove rise to i cause (o), stoling lying couse last.	mmediote the under- (c	, (1	Therseless Distitus CONTRIBUTING TO DEAT	tur In BUT N	H. o ellitus ot related to the	OLA.	LAL DISEASE	CONDITION GIV	/EN IN PART	(a) 19. WA	The SAUTOPSY FORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter noture of in	ury in Po	art I or Port	II of item 18.)		YES] 00 []
Y 20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Yes	20d. 1 While al war	Not while		E OF INJURY (Hom ry, street, office blo		20f. (City	or tawn)	(C	County)	(State)
21. I certify the olive on	James Ti	deceas Me M	-12		., 19 <u>\$</u> \$, 10 ccurred ot _2	2 P.	M, from	the couses of the country	ond on th		
220. BURIAL, CREMATIC REMOVAL (Specify)		1956	22c. NAME OF CEMET Parkwood		REMATORY letery			ON (City, town, ville, Ma			lote)
23. FUNERAL DIRECTOR Ullrich Fu		421	ADDRESS D Belair Ros	ad	240 DA	11V	BY REGISTR	956 REGI	STRAR'S SIG	L Far	lars

TO HOSPITAL OR VS A15 (4) 15M 9/55

THE ADMINISTRATION OF THE PROPERTY OF THE PARTY OF THE PA A STATE OF THE PARTY OF THE PARTY.

Consolies deglis.	by the funeral dire	2 should be filed	(1
Correspondent and the control of the	may be retained by the haspital ar attending physician.	page 1 would be detached for use as the burial-transit permit. Then please representation pages. Pages	the registrar priar to burial, cremotion, or removal, and in any event within 72 hours after death.	I
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			4							Keg. Dis	1, 140.	
1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYL	AND	2. USUAL RI o. STATE		land	d lived. Il insti b. COUN		n: Residenc	e before o	Imission)
b. CITY OR TOWN (If outside corporate lim	its, write	c. LENGTH OF STAY II	N 16	c. CITY O	R TOWN (If o	outside corpo	prote limits, writ	e RU	RAL ond g	ive nearest	town)
RURAL and give no	ille		13yrs7mth2	ldy	s Ba	altimor	e				3	VO1-
d. NAME OF HOSPIT	FAL (If not in hospital, s	give street	oddress)		d. STREET	ADDRESS						RESIDENCE
	GROVE STA	TE H	HOSPITAL		4527 1	rabia	Avenu	e - Bal	to.	. Md.	YE	ON A FARM?
3. NAME OF DECEASED (Type or print)	Fii Tho		Middle			Lost	4. DATE OF DEATH		Month	er 28	Day	Yeor
5. SEX			RIED NEVER MARRIED	THE F	DATE OF BI	-	J	9. AGE (In yes	_		/	JNDER 24 HR
male	white	WIDOW				5, 18	80	lost birthdo				ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTH	IPLACE (Stote	or foreign c	ountry)		12. CITI	ZEN OF W	HAT COUNT
conduit						Bohem	ia				U. S	. A.
13. FATHER'S NAME					14. MOTHE	R'S MAIDEN N	NAME		-2			
Joseph	Bilv				1	Mary St	ulik					
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. 1N	FORMANT			-	Addre	ss		
unknown		arvice;	unknown	Re	ecords:	SPRI	NG G	ROVE S	TAT	TE H	OSPIT	AL
	TH WAS CAUSED BY:	- 74	ne for (o), (b), and (c).]	+ +	amn one	lobe	due t				INTERVA ONSET	L BETWEEN
2901	IMMEDIATE CAUSE (c	-	Abscess lef	L L	empura.	r Tone	-	(-)				
50/60/		,	Chronic pur	าาไคเ	nt. mast	toiditi	8				-	
Conditions, if o	mmediate		onitonito par	00.01	TO ALOND	30,1,0,2,0,2			-		-	
lying couse lost.			Chronic sup	ייוורני	tive o	titis	media				193	
	HER SIGNIFICANT CON	·	CONTRIBUTING TO DEAT					E CONDITION	CIVE	NI INI BADT	1/a) 10 V	ZAC ALITOPS
ICATIC									OIVE	IN IIN PAKI	PE	REFORMED?
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture	e of injury in l	Port I or Por	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While				Y (Home, form fice bldg., etc.		y or town)		(C	County)	(Stote
21. 1 certify th	at I attended the	deceas	ed fram Nov	. 2/	19 5	6. ta N	ov. 2	8 19	56	that I l	ast saw	the decea
			56_, and that		-			-				
					occorred (treet, city or to			e dule s	DATE SIGN
ACTUAL SIGNATURE	Scella	E W	achsles		SPE	RING G	ROVE	STATE	HO	SPIT	AT T	1-29-5
				^	1.0	MM M U		_beanide	- 1112		Aldria	A
PHYSICIAN'S NAME (Type)	Stella	Wach	sler, M. D.		Ce	tonsvi	lle 2	8, Mary	lar	nd		
220. BURIAL, CREMATIC REMOVAL (Specify)		OF -56	NAME OF CEMEN	ERY OR	CREMATORY		HOT	TION (City, tow	n, or	county)	Bu	(State)
28 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		0	24a. REC:	D BY REGIST	IRAR - 24b. RI	G/SI	RABIS SIG	NATURE	, , ,
Nino	o OlBron	.71	10 30	GII	VYG	DATE	3	1956	1	6.1	Janes	
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MARVIANO STATE DEPARTMENT OF HEASTH-BACTIMORS, 18

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Contract of the second	101				58U/10001
CEINE	5/7				CHARLESTY OF STREET
AS WISS	2 (Control and			HOSTING HAT ALL	plants article
		315 mil.	217875A	26,000	IN FORESAL ORBITORS, ES

53 97 9 MAX # #57 W 11006 CERTIFICATE OF DEATH

10978

			1006 CERHFIC	Alt OF DEATH	1		Reg. Dist.	No.	38
	1. PLACE OF DEATH o. COUNTY	BASLTIMORE	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marylan	Salve Man	lived. If institution b. COUNTY	n: Residence 1		ssion)
	RURAL ond give no	outside corporate limits, wr carest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		ote limits, write RL	IRAL ond give	nearest tow	n)
1	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give st 302 Dixie Di	The same of the sa	d. STREET ADDRESS 302 Dixie		#4		ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	First ROBERT	Middle F •	Lost BONSALL	4. DATE OF DEATH	Mont Nov.		Day	Year 19 56
	S. SEX Male	White wo	MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF SIRTH Aug. 23, 1876	5	lost birthdoy) 80 yrs.	Months Da		7
	Retired Ass	ing life, even if refired)	10b. KIND OF BUSINESS OR INDI Balto. Gas & El	ectric Balt:	imore,	Maryland		OF WHA	T COUNTR
		known	h		ıknown				
	(Yes, no. or unknown) (R IN U. S. ARMED FORCES? If yes, give wor or dates of service)	Yes Mr	. R. Stewart	Bonsal	Addri L-103 Tyr	one Ro	ad #	12
		TH [Enter only one cause p TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Heniplegin					INTERVAL B ONSET AND 4 m	
	Canditions, if or gove rise to in cause (o), stating lying couse lost.	nmediote (arterio Sch	Louis				?	
	PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIVE	N IN PART 1(a) 19. WAS PERFO YES	ORMED?
		S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Port I or Part	II of item 18.)			
	20c. TIME OF INJURY Hour o. fr. p. m.	W	Od. INJURY OCCURRED (hile Nat while work of work for the formula of work for the formula of the	LACE OF INJURY (Home, farm octary, street, office bldg., etc.	.) 20f. (City	or town)	(Coul	nty)	(Stote)
	21. I certify the alive on	michael A.	Atrum	h occurred at 2	M, from	eet, city or town, s	nd on the	date stat	
	220. BURIAL, CREMATION REMOVAL (Specify) BURIAL		22c. NAME OF CEMETERY O	_		ON (City, town, or		(Sto	ite)
	23. FUNERAL DIRECTOR'S	S SIGNATURE	Me Balla	17. Md. 24a. REC	BY REGISTR	AR 245. RBOIS	TRAK'S SIGNA	Gran	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page A may be retained by the haspital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 12 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 pours after death. VS A15 (4) 15M 9/55

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Reg.	Dist.	No.	1 /

1. PLACE OF DEATH					O HELLAL DESIDENCE		10. 10. 10. 11. 11. 11			
a. COUNTY	Baltimore		MARY	/LAND	2. USUAL RESIDENCE o. STATE	land	b. COUNTY	on: Kesidenc	e before odn	nissian)
b. CITY OR TOWN	If autside corporate limits.	write c. LE	NGTH OF STAY	IN 1b	c. CITY OR TOWN		ote limits, write R	URAL and gi	ive nearest to	own)
RURAL ond give no	Howard.	6	3 Days		Rol+	imore			3 VO	1-66
	TAL (If not in haspital, give	street address) LALYS		d. STREET ADDRESS				e. IS I	RESIDENCE
	Administrati	on Hos	pital		3396	Dulane	Street			A FARM?
NAME OF DECEASED	First		Middle	W	Lost	4. DATE	Man	th	Day	Year
(Type or print)	WII	LTAM	E		BORDEN	OF DEATH	Novembe	er	1	1956
S. SEX	6. COLOR OR RACE 7.	MARRIED D	NEVER MARRI	ED 🗍 8	B. DATE OF BIRTH		9. AGE (In years	IF UNDER T	YEAR IF UN	NDER 24 HRS.
Male	White w	IDOWED 🔲	DIVORCE	0 0	77/20/9/	200	last birthdoy)	Manths	Days Hou	ms Min.
On USUAL OCCUPATION	ON (Give kind of work don	e 10b. KIND (OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLACE (S	tate ar foreign co	iuntry)	12. CITI:	ZEN OF WH	IAT COUNTR'
GRINDER	king life, even if retired)	Rarhe	r Suppl	W	Baltimo	re, Mar	hrefr	II	S.A.	
3. FATHER'S NAME		Dett bo	T Oubbi	J	14. MOTHER'S MAIDE		Land	100	U.A.	
William H	Rordon				Elizabet	h Kline				
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES	57 16. SOCIA	L SECURITY NO). 17. IN	FORMANT	II ALLIE	Add	ress		
Yes, no, or unknown)	(If yes, give wor or dotes of service WW-I	272	07 5981	m	in Rec Vet.	Adm Una	The Uni	-card	Marvla	and a
			71 // 4		THI THEC' LEP'	MOH HOB	Je T C. HON	varu,		
	ATH [Enter only one couse ATH WAS CAUSED BY:			N					QNSELA	BETWEEN ND DEATH
1 A A A	IMMEDIATE CAUSE (0)	GLIOMA	OF RIG	HT C	ORPUS COLLO	SUM			UNKNO	JWN
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Conditions, if o									1000	
gave rise to i	mmediate (
lying cause lost.	(c)_									
PART II. OTI	HER SIGNIFICANT CONDIT	IONS CONTRI	BUTING TO DE	ATH BUT I	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W/	AS AUTOPSY
ATIO									PER	FORMED?
200. ACCIDENT W	AS UNDERLYING TI 20	b. DESCRIBE H	OW INJURY O	CCURRED	. (Enter nature of injury	in Part Lar Part	II of item 18.)		153	THO L
PART II. OTH	MEDICAL EXAMINER)				. (4					
		20d. INJURY	OCCURRED	20e. PLA	CE OF INJURY (Home,	form. 20f. (City	or town)	ic	ounty)	(State)
20c. TIME OF INJUR Hour o. p. p. m.		While N	lot while	foci	tory, street, office bldg.,	etc.)		100	301177	former
	VA		t work		14		- 11			
	oth oftended the de			t3	Q, 1956, to	Novembe:	r 1, 1956	_, INGLYO	ECOLOG	e decoase
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	- Total Colonia					ADDRESS (SI	reet, city or tawn,	stote)		DATE SIGNE
ACTUAL SIGNATURE	CTRON	= too:	t		4.0	VAH.	FORT HOW	JARD	Md. I	1/2/56
		3100		^	n.v		L'SALL LOSE	manara-	4444	24.5L.2Y
PHYSICIAN'S NAME (Type) C	J. PAPASTR	AT. M.I	D.							
	ON, 22b. DATE THEREOF		NAME OF CEM	ETERY OF	CREMATORY	22d LOCAT	ION (City, town,	or county)	/5	tote)
REMOVAL (Specify)		-/			Cemetery		rick Ave.	,,,		
3. FUNERAL DIRECTOR	'S SIGNATURE		DDRESS	all.			RAR 24b. REGIS			
				-	NI A	TO THE OBL	The Azab. Redi	AR 3 SIGI	- 11	41
m Cook-Bli	ght Inc. 600	9 Harf	ord Rd.	Eal	to. Md. NONE	A (1.	W.	Enviso	nd.o	tarbes

2 should be filed with Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death:

may be relatived by the hospital or attending physician.

TO FUNE TO PUBLECTOR: After this certificate has been signed by the attending physician and campletely filled pose 3 months of the pose 3 months of the detached far use as the burial-transil permit. Then please permove carbon papers. Pages 1 the registrar priar to burial, are emaining a name of the registrar priar to burial, are remarked, and in any event within 2 hours after death.

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VS A15 (4) 15M 9/55

THE STANFARD THE OF DEATH 50 Bull binone, Mary and Barber Sunety 212 07 5981 Stan Loc. Vet. Act. Page. Pt. Mained . Mary Com. THE WEST CONTRACTOR OF A TANK AND A CA



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VS. A15ME(5) 5M 9/55

MA	ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
11008	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

10980/

Reg. Dist. No.

	Baltimore		MARYLAND	a. STATE Maryland b. COUNTY Baltimore						
b. CITY OR TOWN (I and give necres) town Texas	If outside corporate limits, write n)	RURAL C	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limit	s, write RURAL and give	nearest tawn)			
	ral or institution (ii R.R. Tracks	not in hospite	l, give street address)	d. STREET ADDRESS Beaver Dan	Road near	Texas Lan	e. IS RESIDENCE ON A FARM? YES NO E			
3. NAME OF DECEASED (Type or print)	MARY	GAGLIZ	Middle BOSLI		4. DATE OF DEATH NOVE	Month omber 9,1950	Year 5			
s sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED [NEVER MARRIED DIVORCED DIVORCED	May 13, 1916	9. AGE (In bott birthd	yeors IF UNDER TYEA (7) Manths Days	Hours Min.			
during most of working Housewife	ON (Give kind of wark d ng life, even if retired)	111111111111111111111111111111111111111	o of Business or Indus	TRY 11. BIRTHPLACE (Side of Marylar		12. CITIZEN USA	OF WHAT COUNTRY			
13. FATHER'S NAME Joseph G	aglian•			14. MOTHER'S MAIDEN NA Josephine	ME Viola Gag	gliano	4			
15. WAS DECEASED EV (Yes, no, or unknown) NO	/ER IN U. S. ARMED FOR (If yes, give war or dotes of a None	ervice)	CIAL SECURITY NO. 17.	Family re		Address				
Conditions, if a gave rise to imme (a), stoting the couse last. PART II. OTH	diate cause underlying DUE TO (c)_			Beneath Reli			19. WAS AUTOPSY PERFORMED? YES NO			
PRIMARY DO COUSE OF DEATH.		Ran 1	nto Side	Enter nature of injury in Part	ed Engin	e Pulled.	beneath kill			
Haur a.m.	RY Month, Day, Year	While		CE OF INJURY (Home, form, lory, street, affice bldg., etc.)	20f. (City or town)	(County)	(Stole)			
Haur a.m. p. m. 21. I certify to	19 hat I took charge	While of work [Not while fac	ove, held an Autopsy icide Thomicide M.D. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA DEPUTY MEDICAL EXA	Inspection Undetermi		(Stole)], and find that DATE SIGNED 1//9/57			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11010 CERTIFICATE OF DEATH 10982 Reg. Dist. N PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest tawn) pinous Baltimore Fort Howard d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2211 W. Saratoga Street YES INO DO Veterans Administration Hosnital NAME OF 4. DATE Middle Last Day Year DECEASED (Type or print) DEATH 56 TSTAH (NMT) BROOKS November 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs WIDOWED | DIVORCED [1,8 yrs. Male Colored 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Ottoman, Virginia puo Cement Finisher Self employed 13. FATHER'S NAME physician Sarah Smith James Brooks remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending Clin.Rec. Vet. Adm. Hosp. Ft. Howard, Maryland 230 12 4011 Yes WW-II eose within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: HODGKINS DISEASE IMMEDIATE CAUSE (6) UNKNOWN DUE TO Conditions, if ony, which any gove rise to immediate DUE TO 5 cause (o), stating the underlying couse last. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. remayal, PERFORMED? YES | NO A 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) certificate mation, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.) Hour a. n. While Not while at wark p. m. at wark 1956 to November 1 26 21. I certify that affended the deceased from JULY ached DIRECTOR: ADDRESS (Street, city ar town, state) DATE SIGNED ACTUAL pe VAH. FORT HOWARD. MD. -Fa 0 IRVING FREEMAN, M.D. Acting Chief Medical Service FUNE 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) /6/56 Baltimore National Baltimore, Maryland Burial 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTAR'S SIGNATURE 240. REC'D BY REGISTRAR

SERBIFICATION OF WILLIAMS

DATE

Charles R. Law Mortuary 802-Oh Madison Ave

VS A15 (4) 15M 9/55

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I C NOSTINAL OR ATTENDING PHISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	is i	TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral directa	page 3 mould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 📜 2 should be filled wit	1
1	5M	9/	55	-

		11	1011	CER	TIFIC	ATE OF DEATH	Н		Reg. Di		30	U
1. 8	PLACE OF DEATH	altimore		M	ARYLAND	2. USUAL RESIDENCE (W	A DESCRIPTION OF THE PROPERTY	l lived. If institution b. COUNTY	on: Resider	nce befo		
t	c. CITY OR TOWN (IF RURAL ond give nec Catonsvi	orest town)	its, write	c. LENGTH OF ST		c. CITY OR TOWN (IF Hyattsvill		rote limits, write R	URAL ond	give neo	rest town)
- min -	d. NAME OF HOSPITA OR INSTITUTION PRING GRO					d. STREET ADDRESS 408 Greenl	awn Dr	ive				IDENCE FARM?
	NAME OF DECEASED Type or print)		cilia	Gr	ddle ace	Brown	4. DATE OF DEATH	Nove	_	190	'	Year 19 56
5. S	female	6. COLOR OR RACE white	WIDOWE	D DIVO	RCED 🗌	B. DATE OF BIRTH August 30,	1886	9. AGE (In years lost birthday) 70 yrs.	Months	Days	Hours	R 24 HRS. Min.
	. USUAL OCCUPATION during most of worki housewif FATHER'S NAME	ng lite, even it retired	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHPLACE (Stole Vermont		ountry)			F WHAT	COUNTR
	John	R. Hanlon	154			14. MOTHER'S MAIDEN I Sarah H						
1S. (Yes	was deceased ever no. or unknown)	IN U. S. ARMED FOR t yes, give war or dates of s	CES? 16. !	social security unknown	n	NFORMANT SCORDS: SPRI	NG GR	OVE STA		OSFI	TAL	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bilateral Pyelonephritis ONSET AND DEATH											
z	Conditions, if on gove rise to im cottse (o), stoting to lying couse lost.	mediate DUE TO))			cystitis						
CERTIFICATION	20a ACCIDENT WAS UNDERLYING TI 20b DESCRIPE HOW INJURY OCCURRED (Feber poture of jointy in Part Lor Part II of item 18.)						EN IN PAK	1 1(a) 1	PERFO	NO		
MEDICAL CE	OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o.m. p. m.		or 20d. IN While of work	Not while	20e. PL fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City	or town)	((County)		(State)
	21. I certify that I attended the deceased from Nov. 12, 1956, to Nov. 19, 1956, that I last saw the deceased alive an Nov. 19, 1956, and that death accurred at 2:20p.M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE APPLICATION OF STATE HOSPITAL 11-19-56											
	PHYSICIAN'S NAME (Type)	Stella Wa	chsle	r, M. D.		Catonsv	ille 2	8, Maryle	and			
10	BURIAL, CREMATION REMOVAL (Specify)	11-23-	_	22c. NAME OF C	Olive	et Cemele	4 6	ON (City, tower, of	ing 6	ton	(Store	OR.
23.	FUNERAL DIRECTOR'S	SIGNATURE SIGNATURE	lins	3821	-14.	240. REC	BY REGISTI	RAR 246. REGIS	TRAR'S SIC	SNATUR	lassi	1
		Y									1	En

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10983

AFFARE OF STADE OF DEATH AND THE PARTY OF T Year I would be interested with Light Arthur Lagrange of the part of the AND A SECRETARY OF THE PROPERTY OF THE PROPERT What I was so 9961 87 / 102 the state of the s









10982	CERT	IFICAT	E OF	DEATH
			9	

Reg. Dist. No.

1. PLACE OF DEATH	own Balto Count		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY				
	orporate limits, write RUR			ansdown) Ba			
OR give nearest		(in this place)	OR TOWN 204 Hi	llsdale Ave	51		
HOSPITAL OR INSTITUTION OF STREET ADDRES			STREET ADDRESS	(If rural, give lo	cation)		
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)		
DECEASED (Type or Print)	25.2 1 2	Bu	ckingham	OF DEATH	II 26 \$6 19		
5. SEX M	6. COLOR OR RACE	7. SINGLE, MARRIED.		AGE last birthday	If under. I year (If under 24 hrs.		
AVE	W	WIDOWED, DIVORCED, (Specify) Married	12-14-1870	86 yrs.	Months. Days Hours Min.		
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Balto Co	foreign country)	12. CITIZEN OF WHAT		
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	٨		
Ezra Bi	ıckingham		Lebelia -	Saylor.	d		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS			
110	service) 270	has.	Mrs Lottie B Bu	cking 204	Hillsdale Ave		
					1		
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH		
	25 (2006) 25 (2006) 25 (2006)	/ 4	1-14-11		approp 12		
/6/X Immediate	е сапво (в)	arcinoma o	I llu lary	nx	6 misselle		
" Interconse	o caratic		1				
Anteceder	nt cause(s)						
Diseases or	conditions, if any, (b)	V					
giving rise to	the above cause inderlying cause last						
Conditions contribu	CANT CONDITIONS uting to the death hut not se or condition causing deat	h.					
		FINDINGS OF OPERATION			20. AUTOPSY?		
	170-11-1-1100				Yes I No I		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR TO	OWN) (C	OUNTY) (STATE)		
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR?	V		
INJURY	m.	Work At work					
22. I hereby cert	ify that I attended the	e deceased from Oct	1956, to Nove	26, 19.56, that	I last saw the deceased		
1	ON. 26 1056 00	1 43-4 1-43 1 -4	220		d-44-4.1 -1		
alive on SIGNATURE	4 1930, an	d that death occurred at	ADDRESS // -	A BOLL	Batte stated above. Batte Signed		
X/arke	W & Wind	an Mill	776 Jastring		mars 14 1/24/26		
REMOVAL SHOO	ATION DATE			Elkridg Ho	ward Co Md		
DATE REC'D BY	1 44 2 2 2		24. FUNERAL DIRLCTOR		ADDRESS		
REG.	2-17		Edward Toulso	n 2359 Wash	Blvd Balto 30		
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25/82/11

MA	RYLAND ST	ATE DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
10983	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	R

10985

Reg. Dist. No.

1.	PLACE OF DEATH	Baltimore		MARYLAN	2. USUAL RESIDENCE o. STATE Mary		sed lived. If institut b. COUNTY		before admission)
	b. CITY OR TOWN (If and give nearest town) Tre 11 S d	the little terms of	RURAL	c. LENGTH OF STAY IN 1		(If outside con	porote limits, write	RURAL ond gi	ve nearest tawn)
		L OR INSTITUTION	ourt	pital, give street address)	d. STREET ADDRESS 918	Catawb	a Ct.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Fir BUR	NETT	Middle Q •	BURNOPP	4. DATE OF DEATH	Novem		9 19 56
5.	Male Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH June 18, 1	950	9. AGE (In years lost birthday) yrs.	Mooths Day	
10	a. USUAL OCCUPATION during most of working	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (Stor		e, Md.	12. CITIZEN	OF WHAT COUNTRY
13	FATHER'S NAME	s J. Burn	1000		14. MOTHER'S MAIDEN Patric		Ries		
	. WAS DECEASED EVE		RCES? 16.		INFORMANT Thomas W. E	7/25	Address	t wb	Court
	PART I. DEATH	ate cause	Bil						INTERVAL RETWEEN ONSET AND DEATH
CERTIFICATION		(c)	DITIONS CO		F NOT RELATED TO THE TERM			EN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES PANO
MEDICAL CERTI	20g. EXTERNAL CAUS PRIMARY or CON' CAUSE OF DEATH. 20c. TIME OF INJURY Hour o. m.	TRIBUTING		NJURY OCCURRED 20e. P	(Enter nature of injury in Pa LACE OF INJURY (Hame, for ictory, street, office bldg., et	rm, 20f. (Cit		(County) (Stote)
	21. I certify that I taok charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and find that death resulted from , Suicide , Suicide , Homicide , Undetermined cause .								
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Villiam V	Lovi	itt. M.D.	M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL	CAL EXAMINE	R 🗖		DATE SIGNED
22	BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREC		ur Lady of			TION (City, town, or	county)	(State)
23.	FUNERAL DIRECTOR'S	H. Hubba	rd 4	107 Wilkens	Avenue 100	BY REGIS	TRAR 7 24b. REGIST	TRAR'S SIGNA	ATIORE 711

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. L. 9561 91 NOI

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerol, director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your establishment of the pages 1 and 2 with the regist prior to buriol, cremotion.	
If ony delay the funeral, di	
ours ofter death s 1, 2, and 3 to 5 may be retain ges 1 and 2 with	
18. Give Page n PM3. Page ermit. File pag	-
pencil in Item plang with forr buriol-tronsit p	
is certificate sharing in pending! in miner's Office d be used as o	
EXAMINER: The riting the word of Medicol Exo	
JTY MEDICAL g certificate, w d to the Chi dAL DIRECTOR	
AS VIEWERS	-

5M 9/55

	1	1013 ME	DICA	L EXAMIN	NER'S	CERTIFICAT		TH	Reg. Dist. I	LU98'	44
	PLACE OF DEATH o. COUNTY RAI	TIMORE		MAI	RYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYTA		If Instituti	on: Residence		ion)
	and give nearest lown)	outside corporate limits, writ ARROWS POI		c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (IF o	utside corporate limi	its, write R		a de la segui	n)
	-	Point Hosp		pital, give street oddr	ess)	d. STREET ADDRESS 2904 Baker S	t. Baltin	nore	16, Md.	e, IS RES ON A YES	FARM
	NAME OF DECEASED (Type or print)	Fir Ro	ert	Middle		Campbell, Jr	DATE OF DEATH	Month	1-56	y Yes	
	sex le	6. COLOR OR RACE Negro	7. MARRIE	D NEVER MARRI	_ 9	DATE OF BIRTH DUC 5 190	5 9. AGE (I lost birth		Months Days		R 24 HR Min.
100	a. USUAL OCCUPATIO during most of working Labor	N (Give kind of work g life, even if retired)	-	onstruction		11. BIRTHPLACE (Stote of	r foreign country)		12. CITIZEN	OF WHAT C	OUNTE
42	ROOPS	t Cam	ph	ll is.		14. MOTHER'S MAIDEN NA	Thinn				
15. (Ye		R IN U. S. ARMED FO (If yes, give wor or dates of		SOCIAL SECURITY NO	42	welle Cam	phell 29	Address 704	Bal	en it	4
	Conditions, if or gove rise to immed (0), stoting the ucouse tost.	iote cause inderlying DUE TO (c)	C	oronary Oc					O	TERVAL BETWEEN	Н
CERTIFICATION						OT RELATED TO THE TERMIN		9.68	N IN PART I(o	PERFOR	UTOPSY MED? NO
	20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	TRIBUTING []		HOW INJURY OCCU	JRRED. (E	nter nature of injury in Part I	or Port II of item 1B	(1)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.		Newhile	Not while		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)		(County)		(Stote)
		at I tack charge from: Natural				ve, held an Autapsy cide, Hamicide			Inquiry [use].	4, and fi	nd th
	ACTUAL SIGNATURE	110.1	Ja	viz		_M.D. CHIEF MEDICAL EXA	MINER			DATE SIG	CNED
	EXAMINER'S NAME (Type)	м. в. п	avis	M.D.		ASSISTANT MEDICAL DEPUTY MEDICAL EX				11-1-	-56
	BURIAL CREMATION	11-4-5	6	22c. NAME OF GEME	TERY OR	CREMATORY ON. Com.	2d. LOCATION (CIH)	John, or	county)	(Stote)	
23.	FUNERAL DIRECTOR	Lelson 1	34	8 n. Ca	Sho	WA AX DATE AND	BY REGISTRAR 24	b. REGIST	RAR'S SIGNAT	Larle	lesa

9961 9 NON

BUREAU V. S.

MICHORE EXAMINER'S CHIMPLATE OF DEATH

VS A1S (4) 15M 9/55

To:

CERTIFICATE OF DEATH

Reg. Dist. No.

10988

1. PLACE OF DEATH o. COUNTY Baltin	more	MARYLAND	o. STATE	nere deceosed lived. If institution b. COUNTY	on: Residence before admission Baltimore	1)
b. CITY OR TOWN (If outside RURAL and give nearest to TOWSON	corporate limits, write wn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write R		158
d. NAME OF HOSPITAL (IF no OR INSTITUTION 400	ot in hospital, give street O Carolina R		d. STREET ADDRESS 400 Caroli	ina Road	e. IS RESIDE ON A FA YES \(\)	ARM?
3. NAME OF DECEASED (Type or print) ZI	First ERA	Middle CANNAD	AY	4. DATE Mon	oer 28, 1956 19	
	tor or race 7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Jan. 16, 1899	9. AGE (In years lost birthday) 57 yrs.	Months Days Hours	24 HRS. Min.
10a. USUAL OCCUPATION (Give during most of working life, Manager of Of:	even if retired)	kind of Business or Indu	USTRY 11. BIRTHPLACE (Stoke of Virginia 14. MOTHER'S MAIDEN N		12. CITIZEN OF WHAT CO	OUNTRY
Isaac T. Cat 15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, giv No	S. ARMED FORCES? 16.		Lucy Pet INFORMANT Family Records	Add	ress	
1B. CAUSE OF DEATH [En PART I. DEATH WAS IMMED Conditions, if ony, whi gove rise to immedic code (a), stoting the und lying couse lost.	CAUSED BY: DIATE CAUSE (o) DUE TO (b)	exclosed the	amboris	Peroris	ONSET AND DE	
[E]	Brain also	phy 2, 90		sting	/EN IN PART 1(0) 19. WAS AU PERFORM YES 1	MED?
20c, TIME OF INJURY Mon Hour a. m. p. m.	While	NJURY OCCURRED 20e. P Not while k ot work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
21. I certify that I o alive on	ttended the decease 2 M, 19 A	ed from Oct Le , and that deat	h occurred ot 12 30 f	IN 25 , 1956 2M, from the causes of ADDRESS (Street, city or town, Reach St.	inthat I last saw the de and on the dote stated state) DATE Balts MA	eceased obove E SIGNED
220. BURIAL, CREMATION, 22b REMOVAL (Specify) Burial	v. 30,1956		or crematory		Maryland	
FUNERAL DIRECTOR'S SIGNA	ATURE Smale	ADDRESS	Marri erider %		STRAR'S SIGNATURE	04.

BEARING AND DEATH

Cate of the Company of the Late of the Cate of the Cat

BUREAU V. S.

956T 03 NON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10989

e. IS RESIDENCE

YES NO

19

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NOT

(State)

and find that

DATE SIGNED

Nov. 26.56

(Stote)

YES T

(County)

Inquiry

IF UNDER 24 HRS.

ON A FARM?

Year 56

Min.

Reg. Dist. No. 30

Days

MEDICAL DEPUT

5M 9/55

BUREAU V. S.

NOV SE 1056

SECENTED

MARYLAND STATE DEPARTME 11016 MEDICAL EXAMINER'S	NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Diet	10990
Battimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence o. STATE Maryland b. COUNTY	before admission)
CITY OR TOWN (If outside corporate limits, write RURAL ond give napseut tows) Le River	C. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
Slenn L. Martin Co.	3530 Woodring Are	e. IS RESIDENCE ON A FARM? YES NO
IAME OF PICEASED (Type or print) UIIIAM H. Middle Chis	holy DEATH November	Day Year 21st 19 56
male white WIDOWED DIVORCED	Date of Birth July 7, 1907 9. AGE (in years foot birthday) 49yrs. IFUNDER TY Months Do	
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Congress of working life, even if refired) Engineer Glenn L. Martin	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZE Ripley, Tennesee	U S A
Robert Chisholm	14. MOTHER'S MAIBEN NAME Belle White	
no, or unknown	rs. Mary Frances (hisholm, 3	530 Woodrin
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RONAY Y		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) [b]		
gove rise to immediate cause (a), stating the underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED? YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Port I or Port II of item 18.}	
	E OF INJURY (Home, form, ry, street, office bldg., etc.) (County)	(Stote)
21. I certify that I took charge of the remains described above death resulted fram: Natural causes Accident , Suic	ve, held an Autapsy [], Inspection [2]; Inquiry cide [], Homicide [], Undetermined cause [].	and find that

CERTIFICATION 200. EXTER PRIMARY I CAUSE OF MEDICAL 20c. TIME Hous

ACTUAL

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DATE SIGNED 11-21-16

EXAMINER'S NAME (Type)

2

PLACE OF I

b. CITY OR

d. NAME O

NAME OF DECEASED

(Type or pr 5. SEX

mal 10a. USUAL O during-most

13. FATHER'S

15. WAS DECI

18. CAUSE PAI

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify)

Durial 11/26/5 23. FUNERAL DIRECTOR'S SIGNATURE

Parkwood ADDRESS

emetery 24a. REC'D BY REGISTRAR

Harford Road #14

246. REGISTRAR'S SIGNATURE
6 Faith Sur

VS. A15ME(5) 5M 9/55

BUREAU V. S.

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DECENALL

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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11017 CERTIFICATE OF DEATH

1099<u>1</u>0

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE	eased lived. If institution: Reside b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	orporate limits, write RURAL and	give nearest town)
52 Catonsville	19 yrs	Catonsv	ille	57
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION 608 North Be		d. STREET ADDRESS 608 North B	end Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last 4. DA	TE Month	Doy Year
(Type or print) Fannie	Lavinia	Clark DE	ATH NOV.	29, 1956
5. SEX 6. COLOR OR RACE 7. MAI	.,	B. DATE OF BIRTH	9. AGE (In years left UNDE lost birthday) 8 yrs. Honths	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10t during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or forei	gn country) 12. C	TIZEN OF WHAT COUNTRY?
H.W.	0.H.	lid.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Zacharias Ja	cebs	Mary Lou	ise	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give wor or dates of service)		NFORMANT	Address	
(if yes, give wor or doing of service)	M	rs Mary Frank,	608 North Ber	nd Rd.
Conditions, if ony, which gove rise to immediate coess (o), stoting the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS Essential Hy	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS		RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
A Hour o. m. While		ACE OF INJURY (Home, farm, 20f. ctory, street, office bldg., etc.)	(City or town)	(County) (State)
21. I certify that I attended the deced alive on Nev. 26 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Lee J. Gaver,	56, and that death	occurred at 6:00 Am, ADDRES	from the causes and an is (Street, city or town, state)	last saw the deceased the date stated abave. DATE SIGNED 11/30/5
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY O	A VO 240. REC'D BY RE	DCATION (City, town, or county) Balto Will GISTRAR 24b. REGISTRAR'S SI	(Stote)
Harry H. Milley	4101 Edm	ondson joyte 0 3	1956 Marcy	0.6.

CERTIFICATE OF DEATH



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hysician and campletely filled in by the funeral director, nove carban papers. Pages 1. 2 should be filed with tours after death.	1. PLACE OF DEATH o. COUNTY Bal	timo
funeral funeral 55	b. CITY OR TOWN (IF RURAL ond give new TOWSON	outside arest tow
by the	d. NAME OF HOSPITA OR INSTITUTION	Jopp
es 1 es 1	3. NAME OF DECEASED (Type or print)	JA
Pages	5. SEX	6. COL
rs.	Female	Wh
hysician and cample nove carbon papers. ours after death.	100. USUAL OCCUPATION during most of working HOUSEWILE	N (Give ng life,
carban after de	13. FATHER'S NAME	
icia rs af	George L.	Gai
hysici nove nours	15. WAS DECEASED EVER	IN U. S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

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1. PLACE OF DEATH o. COUNTY Bal	timore		MARYL	AND	2. USUAL RESIDENCE (WHO O. STATE Marylan		ved. If institution b. COUNTY		e before od	mission)
b. CITY OR TOWN (I RURAL ond give no TOWSON	f outside corporate limi earest town)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON					
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitat, g Joppa Road	jive street	oddress)		d. STREET ADDRESS 830 E.	Joppa F	load		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	JANE EL	ı IZABE	Middle TH CLARK		Lost	4. DATE OF DEATH	Novembe		Doy 1956	Yeor
s. sex Female	White	WIDOW	ليبا		December 20,	エンエン	AGE (In years last birthdoy)		Doys Ho	NDER 24 HRS. Drs Min.
10o. USUAL OCCUPATIO during most of work HOUSEWIT	DN (Give kind of work king life, even if retired	done 10b.	kind of Business or	INDUS	TRY 11. BIRTHPLACE (Stote Virgi		try)	12. CITI	USA	HAT COUNTRY
13. FATHER'S NAME George L.	Gaines				14. MOTHER'S MAIDEN N Ida B. B					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s NONE	ervice)	SOCIAL SECURITY NO.	13.5	FORMANT amily records		Addr	·ess		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate	cur	e for (o), (b), and (c).] CEMIA Eterral obso						ONSET A	BETWEEN ND DEATH
CATI	(c) SER SIGNIFICANT CON SERVING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C		TH BUT I	NOT RELATED TO THE TERMII . (Enter noture of injury in P			EN IN PART	1(o) 19. W.	AS AUTOPSY REFORMED?
-4	Y Month, Doy, Ye	20d. It While of work	Not while	Oe. PLA foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City or	town)	(C	ounty)	(Stote)
1 40	at I attended the h 23 in all a g	Hales A.	56, and that o		10. 1/3 7.	M, from t	he causes a t, city or town, nember 5	nd an th		he deceased ated above DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	Nov. 13.1		2c. NAME OF CEMET		CREMATORY	22d. LOCATIO	N (City, town, o			Stote)
23 FUNDRAL DIRECTOR		0	ADDRESS			BY REGISTRAL	24b. REGIS	-		ray

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		110	19 CERT	IFIC	ATE OF DEATI	Н		Reg. Dil Q	993	44
1. PLACE OF DEATH o. COUNTY B	altimore		MAI	RYLAND	2. USUAL RESIDENCE (WI o. STATE Marylan	here decea	sed lived. If institution b. COUNTY	n: Residence bet	ore admission	1)
b. CITY OR TOWN	(If outside corporate limi	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside corp	porote limits, write RU	JRAL ond give n	earest town)	
RURAL ond give	ort Howard		th Days		Baltimo				3V01	-11
OR INSTITUTIO	PITAL (If not in hospital, on Administration				d. STREET ADDRESS	28th	Street		ON A FA	ARM?
3. NAME OF DECEASED (Type or print)	ERIC	sl	(DownTirk	()	CLAYTON	4. DATE OF DEAT	Month H Novembe:		Pay Yea	56
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARI	RIED 🔣	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA		
Male	White	WIDOW			August 12, 1		49 yrs.	Months Doys	Hours	Min.
106. USUAL OCCUPA during most of w Photogr	TION (Give kind of work orking life, even if retired apner				ISTRY 11. BIRTHPLACE (Stote IPPLY Baltimor			U. S.	OF WHAT CO	OUNTRY
13. FATHER'S NAME	-		THE COA		14. MOTHER'S MAIDEN	NAME				
Joseph C					Emma Heiss					
Yes no, or unknown)	VER IN U. S. ARMED FOR	ervice) 2	SOCIAL SECURITY N	t C3	informant inical Record	ls,Vet	Adm. Hosp	ital,Ft		
	immediate DUE TO	SC ME			ARCINOMA OF TH	E TON	IGUE WITH	ON	TERVAL FETW USET AND DE	EATH
PART II. C	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIVE	N IN PART 1(o)	19. WAS AUT PERFORM YES N	AED?
	WAS UNDERLYING AG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury in	Port I or Po	ort II of item 18.)			
20c. TIME OF INJ Hour D. g.	1. 1. TA 19	While of wor	NJURY OCCURRED Not while	fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc)		(County		(Stote)
	R. H. Pon	и О		it death	19 56, to No. 10 cccurred at 1:26	PM, fro	om the causes ar Street, city or town, st	nd on the de	ate stated	
220. BURIAL, CREMAT REMOVAL (Special Burial	11/19/5		22c. NAME OF CEA		R CREMATORY		ATION (City, town, or		(Stote)	

Mm. Tickner & Sons, North and Penna, Ave. Balto Md DATE

L. Farleys

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11020 CERTIFICATE OF DEATH

10994 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore e. IS RESIDENCE ON A FARM? YES NO Month Year IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address

o. ST Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Yrs. Pikesville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS 204 Church Lane Church Lane 4. DATE Middle Nov Carroll Cogswell DEATH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED 8. DATE OF RIRTH lost birthdoy) WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) General Builder Wash, D.C. 14. MOTHER'S MAIDEN NAME Charles F. Cogswell Emily Rawlings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Pikesville, Md. William J. Cogswell, 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not while of work at work ____, 1948, to__ 195 6, that I lost saw the deceased 21. I certify that I attended the deceased from. , and that death occurred at 1195 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Druid Pikesville. Md. Ridge ADDRESS 746. REGISTRAR'S SIGNATURE 24g RECID BY REGISTRAR

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10968 CERTIFICATE OF DEATH

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pirthdey			IF UNDER 24 HR	5.
Yrs.	Months	Deys	Hours Min.	100pm
	12.	CITIZEN	OF WHAT	-
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(City, tow	n, or county		(Stelp)	
717	6.6	.0.	Mr.	
V Come	-	01	Frent .	

r this f this	MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTIMORE, 18	10995
death. After	10968CERTIFICATE	OF DEATH Reg. Dist.	41
thii.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
he	COUNTY BALTO MARYLAND	STATE M4 COUNTY BALL	LTO.
2 2	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If ourside corporate limits, write RURAL end give neer	est town)
72 hours after de director, the third	TOWN ON DALK 22 28 47 5	TOWN DUNDALK 2	2 53
within 72 funeral di	HOSPITAL OR INSTITUTION OR STREET ADDRESS // FLACSHIP ROAD	STREET (If rural give location) ADDRESS // FLACS / IP	ROAU
frar wi	3. NAME OF DECEASED (First) (Middle) (Type or Print) HATTIE HARDY C	OLEMAN 4. DATE (Month) OF DEATH //-	(Dey) (Year) 7- 19-3 Z
registrar In by the	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, Specify MARRIED, OCT.	FBIRTH 9. AGE lest birthdey IF UNDER Annual Prince Annua	YEAR IF UNDER 24 HRS. Deys Hours Min.
The second second	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Pad	JATHER'S NAME HARDY 213-07-4960 B.	14. MOTHER'S MAIDEN NAME MARGARET W. HA	RDY TAYLOX
ng physician, certificate be fit and complete burial transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos 15) or ank.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS B. D. COLEMAN -	SAME FDDRESS
certificant and a buri	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION /	INTERVAL BETWEEN ONSET AND DEATH
as as	33/X IMMEDIATE CAUSE (A) OUBLAS 14	emore hase	15 min
or att	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)		
ne nospital or juires that the attending pletached for u	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		
y the hospital requires that the attending of defached in	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
- 0 m	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
3	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY? YES NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (Count	y) (State)
may be retain RECTOR: The een executed assembly should	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work 2	RIF. HOW DID INJURY OCCUR?	
DIREC S been ate asse	22. I hereby certify that I attended the deceased from	/ - V	ast saw the deceased
cop has ficat	SIGNATURE () III	ADDRESS (Street, city, town, stele)	DATE SIGNED
FUNERA Certificate death certi	23 DURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CEMETERY OF	CREMATORY BOITO	(Stelp)
TO VS AN	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTORYS SIGNATURE	DORESS Left to
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	1102	Baltimore	Cour	STATE DEPA		ENT OF HEALTH		TIMORE, 18	Reg. Dist. N	997	38
1.	PLACE OF DEATH a. COUNTY	3004 Dubois Parkville M		MAR	YLAND	2. USUAL RESIDENCE (WE STATE Maryland	nere decease	d lived. If institution b. COUNTY	Residence bel	are admiss	sion)
	b. CITY OR TOWN RURAL ond give	I (If autside carporate limi nearest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	outside corpo	rote limits, write RUI	RAL and give n	earest town	n)
	d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, g N	ive street	address)		d. STREET ADDRESS 3004 Dubois	e Ave				FARM?
3.	NAME OF DECEASED (Type or print)	Rosal:		Middle		Cremona.	4. DATE OF DEATH	Month No vembe		1956	Yeor
5.	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRI		8. DATE OF BIRTH Nov.11 1867		1	Months Days	R IF UNDI Hours	ER 24 HRS. Min.
L	during most of w Housewi	arking life, even if retired	done 10b.	Home	OR INDUS	Palermo-Si	cily-		12. CITIZEN	OF WHAT	COUNTRY
-		losario Di C	niara			Vita Roman					
15. (Y	WAS DECEASEDE as. no. or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dotes of s	CES? 16.	SOCIAL SECURITY NO		NFORMANT ary Gilda Cre	mona.	Addres 3004 Duboi			
		any, which (binmediate ag the under-)	asless 2	Red	ui heart	leers	ar od		TERVAL BE	
CERTIFICATION	20a. ACCIDENT N	WAS UNDERLYING []				NOT RELATED TO THE TERMI			IN PART 1(o)	PERFO	AUTOPSY DRMED? NO
MEDICAL CE	(IF EITHER, NOTI	FY MEDICAL EXAMINER) URY Month, Day, Ye	20d. II While of war		20e. PL/ fac	ACE OF INJURY (Hame, form ctory, street, affice bldg., etc), 20f. (City	or tawn)	(Caunty)	(Stote)
	ofive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	19_ Han	Sk, and thol		occurred ot 11.1.	M, from ADDRESS (S	treet, city or town, sta (d. <u>Bodl</u>)	d on the do	ote state	
	REMOVAL (Speci	Doce TR	195			1 Cem.	Balti	MORE Md		(State	e)
23,	FUNERAL DIRECTO	Della 1	Noc	address a 322	SI	tigh I DATE	D BY REGIST	RAR 24b. REGISTE	RAR'S SIGNATURE). 15	acons

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11023 CERTIFICATE OF DEATH

Reg. Dist. No.

		JI		~ 0					Keg. Dist.	110.	
	E OF DEATH	Baltimore		MARY	LAND 2.	usual residence (who state Maryla	nd	lived. If institut b. COUNTY		before odr	
RU	TY OR TOWN (IF IRAL and give ne		, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	•	te limits, write f	URAL ond giv	e nearest to	own)
d. N/	AME OF HOSPITA	AL (If not in hospital, given lonial Ros		oddress)		d. STREET ADDRESS	oloni	al Rd		10	RESIDENCE NA FARM?
3. NAM DECE	LE OF	aroline K		Middle richton		Lost	4. DATE OF DEATH	Nov.	5, 195	56°	Year
5. SEX	7	6. COLOR OR RACE				t.4, 1869		AGE (In years last by theory)		YEAR IF UN	NDER 24 HRS.
10a. USL dur	UAL OCCUPATION IN MOST HOUSE	N (Give kind of work doing life, even if retired) Wife	one 10b.	KIND OF BUSINESS OF HOME	R INDUSTRY	11. BIRTHPLACE (Stole New Yor	_	ntry)		USA	IAT COUNTRY
13. FATH	HER'S NAME	Kahler			14	. MOTHER'S MAIDEN N					
15. WAS	or unknown) (R IN U. S. ARMED FORCE If yes, give wor or dates of service NO	rice)	SOCIAL SECURITY NO 14.14.136			cichto	n 1815		nial	Rd. 7
Co	PART I. DEAT 1422, 1 conditions, if or		C C	ne for (o), (b), and (c).	Dula	la	Ele	na vase		INTERVAL ONSET A	BETWEEN NO DEATH
cos	ove rise to in ៥se (o), stoting t ing couse lost.		an	Heris (ler	oui					
CERTIFICATION 30°0°	PART II. OTH	IER SIGNIFICANT COND	ITIONS C	CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	PER	AS AUTOPSY RFORMED?
	. ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	906. DESC	CRIBE HOW INJURY O	CCURRED. (E	nter noture of injury in f	Port I or Port I	1 of item 18.)			
WEDICAL 20c.	TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Year 19	20d. IN While of work	NJURY OCCURRED Not while	20e. PLACE (factory,	OF INJURY (Home, form street, office bldg., etc.	20f. (City o	er town)	(Cou	unty)	(Stote)
ali	rual NATURE A		. 12.5 . S	teinle W. St	death acc	NBERG	M, from ADDRESS (Stre	the causes o	and on the		
220. BU	RIAL, CREMATION MOYAL (SPICIFY) UP 121	11/8/56		Lorrain		EMATORY		ON (City, town, lawn)	"	(5	tote)
	ohn T.	s signature Stansbury	64	-11 Winds	or Mi	11 Rd JALUY	D BY REGISTR	956 A	STRAR'S SIGN	AFURE	there

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No cremotion 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY Baltimore o. STATE W. Va. b. COUNTY MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) and give nacrest town) Shepherdstown 11 Davs 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Sheppard and Enoch Pratt Hospital NAME OF First Middle 4. DATE Lost Month Day DECEASED DANDRIDGE KATHER INE November (Type or print) SERENA DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR last birthday) Months Days 79 Female White March 15. 1877 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) West Virginia U.S.A. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adam S. Dandridge Caroline D. Bedinger bod 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records No 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia secondary to Strangulation IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which olong burial gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19, WAS AUTOPSY 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Hanged self 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour While of work of work Hospital Baltimore NIX OF 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry . and find that the Chief / deoth resulted from: Natural couses 1. Accident Suicide 3 Homicide . Undetermined couse ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATU FUNERAL I ASSISTANT MEDICAL EXAMINER DE maya EXAMINER'S Paul F. Guerin. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) REMOVAL (Specify) Removal Shepherdstown W Vs 23. FUNERAL DIRECTOR'S STONATURE 24a. REC'D BY REGISTRAR ADDRESS VS. A15/AE(5) 5M 9/55

e. IS RESIDENCE ON A FARM?

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Year

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PERFORMED? NO

DATE SIGNED

(Slate)

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VS A15 (4) 15M 9/55 W

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11025 CERTIFICATE OF DEATH

Reg. Dist. No.

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b. CITY OR TOWN (if countide corporate limits, write RURAL and give nearest town) ESSEX d. NAME OF INTUINON A NAME OF MOSTIFICATION (Give think hospital, give street address) OR NAME OF MOSTIFICATION (Give think hospital, give street address) 3. NAME OF MOSTIFICATION (Give think hospital, give street address) 3. NAME OF MOSTIFICATION (Give think hospital, give street address) 3. NAME OF MOSTIFICATION (Give think hospital, give street address) 3. NAME OF MOSTIFICATION (Give think hospital, give street address) 3. NAME OF MOSTIFICATION (Give think hospital, give street address) 5. SEX 4. COLOR OR RACE 4. COLOR OR RACE 5. COLOR OR RACE 6. COLOR OR RACE 6. COLOR OR RACE 7. MARRIED (R. NEVER MARRIED) (R. NEVER MARRIED (R. NEVER M	1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND 2	o. STATE Md.	here deceased	lived. If instituti b. COUNTY		ce before		ion)
ON INSTRUCTION 3/41 Nicholson Ave., 5/51 No 25 10 No 25	RURAL and give ne	arest town)	ts, write	c. LENGTH OF STAY	IN 16	_	outside corpor	ote limits, write R	URAL ond	give neare	est fown	54
3. NAME OF JOHN JOHN DANINI Middle Lost 4. DATE Month DANINI Day Year COUNTY (Type or prine) JOHN DANINI Month DANINI DAN	OR INSTITUTION			ddress)			nlson /	Ve.			ON A	FARM?
DECEASED (Type or print) DANINI DA				Middle					al.			
Male White WIDOWED DIVORCED 3/13/81 10-0. SUSAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if reiered 12. MOTHER'S NAME 12. MOTHER'S MAIDEN NAME 12. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Caroline Danini 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. Caroline Danini 18. Cause of Death [fifter only one couse per line for (a), (b), and (c).] 18. Cause of Death [fifter only one couse per line for (a), (b), and (c).] 18. Cause of Death 18. Cause of Death 18. Caroline Danini 18. Cause of Death 18. Cause of Death 18. Caroline Danini 18. Cause of Death 18. Cause of Death 18. Caroline Danini 18. Cause of Death 18. Cause of Death 18. Caroline Danini 18. Cause of Death 18. Cause of Death 18. Caroline Danini 18. Cause of Death 18. Cause of Death 18. Caroline Danini 18. Cause of Death 18. Cause of Death 18. Caroline Danini 18. Cause of Death 18. Caroline Danini 18.	(Type or print)	JOHN	DAI	INI		6031	OF DEATH	NOV.	ZND,	1956	1	19
Cement Worker John D. Danini 15. WAS DECEASED EVER N. U. S. ASMED FORCES? (Tics. for unbehavior) 16. FATHER'S NAME JOHN D. Danini 16. WAS DECEASED EVER N. U. S. ASMED FORCES? (Tics. for unbehavior) 17. WAS DECEASED EVER N. U. S. ASMED FORCES? (Tics. for unbehavior) 18. CAUSE OF DEATH [Enter only one couse per line for (c). (b). and (c).] PART I. DEATH WAS CAUSED BY. Conditions, if only, which gave rise to immediate cause (c). Lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES ON CONTRIBUTING CAUSE OF DEATH (FITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO TIME OF INJURY MONTH, Day, Yeer 204. INJURY OCCURRED (Enter nature of injury in Part 1 or Fort II of item 18.) 20. TIME OF INJURY MEDICAL EXAMINER) 20. TIME OF INJURY MEDICAL EXAMINER) 21. I certify that I altended the deceased from Jume 14 1956 to NOVe 2, 100 that I lost saw the deceased of work in year 100 that I work in year 100 that give in year 100 that I work in year 100 that I work in year 100 that I work in year 100 that I lost saw the deceased of year 100 that I work in year 100 that I lost saw the deceased of year 100 that I work in year 100 that I lost saw the deceased of year 100 that I work in year 100 that I lost saw the deceased of year 100 that I work in year 100 that I lost saw the deceased of year 100 that I work in year 100 that I work in year 100 that I lost saw the deceased of year 100 that I work in year 100 that I lost saw the deceased of year 100 that I work in y						, , , , , , , , , , , , , , , , , , , ,		last birthdoy)				
Cement Worker Cement Business Italy U.S.A. 13. FATHER'S NAME I.A. MOTHER'S MAIDEN NAME Celeste Cerri 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Addres	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS	OR INDUSTR	11. BIRTHPLACE (Stote	or foreign co	untry)	12. CIT	IZEN OF	WHAT	COUNTRY?
14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT NO 16 17. INFORMANT Above 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (c) Tumor, anterior mediastinum, Teratoma INTERVAL BETWEEN ONSET AND DEATH ON MOTHER'S MAIDEN NAME 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART II. DEATH WAS CAUSED BY, MMEDIATE CAUSE (c) Tumor, anterior mediastinum, Teratoma INTERVAL BETWEEN ONSET AND DEATH ON MOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTING DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? YES NO 19. OR CONTRIBUTION GIVEN IN PART II.0 19. OR CONTRIBU				ment Busin	ness	Italy			U.	S.A.		
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No 217-05-1276 Mrs. Caroline Danini Above	15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO). 17. INFO		0020		ress			74
18. CAUSE OF DEATH Enter only one couse per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY: Tumor, anterior mediastinum, Teratoma ONSET AND DEATH ON ONSET AND DEATH ON		It yes, give wor or dates or s		17_05_127/	6 1	Ars. Caroli	ne Dani	ni	hove			
20c. TIME OF INJURY Month, Day, Year Hour a. n. 19 20d. INJURY OCCURRED While of work	gove rise to in couse (o), stating lying cause lost.	ny, which (b nmediate DUE TO)	DNTRIBUTING TO DE	EATH BUT NO	OT RELATED TO THE TERM	INAL DISEASÉ	CONDITION GIV	/EN IN PAR		PERFO	RMED?
21. I certify that I attended the deceased from June 14 , 1956, to Nov. 2, 156, that I last saw the deceased alive on Nov. 2, 1956, ond that deoth occurred of 9:00p M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE A M. D. 8019 Philadelphia Rd. Balt. 6, Md. 11-5-PHISCIAN'S NAME (Type) James R. Mason, M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF Nov. 6th, 56 Holy Redeemer Belair Road Balto, Md.		CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY C	OCCURRED. (Enter nature of injury in	Part I or Part	II of item 1B.)		· thi		
actival signature ACTUAL SIGNATURE Physician's NAME (Type) 220. Burial, Cremation, generation Burial ACTUAL SIGNATURE ACTUAL SIGNATU	20c. TIME OF INJUR Hour a. p., p. m.		While	_ Not while _	20e. PLACE factor	OF INJURY (Home, form, street, office bldg., etc	n, 20f. (City	or town)	(0	County)		(State)
Burial Nov. 6th, 56 Holy Redeemer Belair Road Balto, Md.	alive on NO ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	v. 2, Land R. Ma James R. Ma	1256 My ason,	M. D.	t deoth o	8019 Phila	M, from ADDRESS (Stradelphi	the causes of the course of the causes of th	and on the stole)	he date	state DA	d above. TE SIGNED 11-5-5
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 10 220. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	REMOVAL (Specify) Burlal					REMATORY		ir Road	Be		Md.	
	23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	MVS	10 1246. REC	D BY REGISTI	RAR 24b. REGE	PRAR'S SIG	CHATURE	1	

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TIUUZ MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. KIIN Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed Baltimore b. COUNTY MARYLAND Maryland hours after death. funeral b. CITY OR TOWN (If outside carporote limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) should Baltimore Fort Howard 1 day d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1115 E. Baltimore Street Veterans Administration Hospital YES NO Z NAME OF First Middle 4. DATE Manth Year DECEASED WILLIE 1956 (Type or print) Y. DEROSSETT DEATH November 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years last birthday) Months Days Haurs Min 5/16/88 ample Male White WIDOWED T DIVORCED [colled yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death 0 during most of working life, even if retired) Nashville. Tennessee U. S. A. Box Factory Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Derossett Lilly Hudgins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md. 235-10-9627 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 2 MONTHS d PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ASPIRATION PNEUMONIA DUE TO that CEREBRAL THROMBOSIS, RIGHT UNKNOWN by permit. Conditions, if ony, which ony gave rise to immediate DUE TO couse (o), stoting the underpup lying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERCORMED? Arteriosclerotic heart disease. YES DO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ö 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Q. (1) While Nat while at work at work for 21. I certify that attended the deceased from November 16 1956, to November 17, 1956 AUGODIACKO AND CONTROL OF THE PROPERTY OF AUTO-CONTROL OF THE CONTROL OF THE C OR: det ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL DIREC Paren but M.D. VAH, FORT 0 PHYSICIAN'S NAME (Type) PAPASTRAT, M.D., VA HOSPITAL, FORT HOWARD, MARYLAND Pe FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) pode REMOVAL (Specify) Roderfield Cemetery Roderfield, W. Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Wm.Cook-Blight Inc. 6009 Harford Rd. Balto. LL. Mdgate //-23-56 15M 9/55 Shipped to O.J. Douglas Funeral Home, Welch, W. Virginia

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11028

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d. NAME OF HOS	PITAL OR INSTITUTION	(If not in h	ospital, give street address)	d. STR	EET ADDRESS				e. IS RESIDENCE
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3. NAME OF -DECEASED (Type or print)	GEOR		Middle	DIET	tost ER	4. DATE OF DEATH	Mon 11	th C	Pay Year 19 56
5. SEX	6. COLOR OR RACE	7. MARS	RIED NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In years Igal birthday)	IFUNDER LYE	
MALE	WHITE	WIDOW	ED DIVORCED	10-1	4-188	7	69 yrs	Months Day	Hours Min.
10a. USUAL OCCUPA during most of wor STEET	king life, even if retired)		KIND OF BUSINESS OR INC THLEHEM STE		HPLACE (Stote BALTIM	1000	country)	U.S.	A .
13. FATHER'S NAME	JOHN DIET	R R		14. MOTH	ER'S MAIDEN	NAME	UNK.		
	EVER IN U. S. ARMED FO	RCES? 16		7. INFORMANT		7	Addres	\$	
NO	1	2	13-07-8066	GEOR	GE E	. 'DI	ETER	Same	•
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PART I. DE	ATH WAS CAUSED BY		CORONARY T	DECLUST	ON				IO min
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PART II. C	THEK SIGNIFICANT CON	באסוווטוא ב	CONTRIBUTING TO DEATH 8	UI NOI KELAIEI	O THE TERM	AINAL DISEA:	SE CONDITION G	VEN IN PART 1(c	PERFORMED?
	AUSE WAS ONTRIBUTING []	b. DESCRI	BE HOW INJURY OCCURRED	D. (Enter nature	of injury in Po	ort I or Part I	l of item 18.)		
20c. TIME OF IN.	n.	Whi		PLACE OF INJU factory, street, o	RY (Home, fari ffice bldg., etc	m, 20f. (Cir	y or town)	(County)	(Stote)
21. I certify	that I took charge	of the	remains described a	bove, held	an Autops	sy 🗍, I	nspection 1	Inquiry	A, and find tha
				Suicide [],	Homicide		ndetermined		7,0
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ACTUAL	soun U	Del.	ens	M.D. CHI	EF MEDICAL E	XAMINER [DATE SIGNED
7					ISTANT MEDIC	CAL EXAMIN	ER 🗇		
EXAMINER'S NAME (Type)	JACK C. C	OLLI	NS		UTY MEDICAL			11	8-56
220. BURIAL, CREMAT	ION, 226. DATE THEREO		22c. NAME OF CEMETERY	OR CREMATOR	Υ	22d. LOCA	TION (City, town,	or county)	(Stote)
REMOVAL (Speci BURIA	T 11-12.	-56	HOLY RE	DEEMER			TIMORE		ARVIAND
23. FUNERAL DIRECTO			ADDRESS		240. REC	D BY REGIS		ISPRAR'S SIGNA	
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Ave., Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11031 CERTIFICATE OF DEATH

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PLACE OF DEATH O. COUNTY	Baltimore	MARYLAND	O STATE AA	land b. COUN	TV A / .	more
RURAL and give near	outside carporate limits, write est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a Park	outside carporate limits, write	RURAL and give	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION	. (If not in hospital, give street 3012 Actan 1	2	d. STREET ADDRESS	Acton Road	d	e. IS RESIDENCE ON A FARM? / YES NO
NAME OF DECEASED (Type or print)	Mr. Joseph	A J.	Doyle	05 4/	ember 1	7th 19 56
male (s. COLOR OR RACE 7. MARR	ED DIVORCED DIVORCED	10 10 1	886 9. AGE (In year lost birthdoy		EAR IF UNDER 24 HRS. ys Hours Min.
Oa. USUAL OCCUPATION during most of working Retire	g life, even if retired)	KIND OF BUSINESS OR INE	OUSTRY 11. BIRTHPLACE (State	or foreign country)	U.S.	A.
3. FATHER'S NAME Peter D	Poyle		14. MOTHER'S MAIDEN N Helen	IAME		
S. WAS DECEASED EVER I	N Ú. S. ARMED FORCES? 16. yes, give wor or dates of service)		Mrs. Elizabe	11001	ddress 2, 3012	Acton Ro
PART I. DEATH	mediate (DUE TO	Cancinon	auf Co	lon	d	INTERVAL BETWEEN ONSET AND DEATH G M OTHER
PART II. OTHER	R SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	NAL DISEASE CONDITION (SIVEN IN PART 1(d	PERFORMED? YES NO Z
	CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part 1 ar Part II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. Not white t of work	PLACE OF INJURY (Home, form factory, street, affice bldg., etc		{Cour	nty) (State)
actual signature	t lattended the deceas 16 f 5 6, 12 For Som	/		ADDRESS (Street, city or tow	and an the	date stated abay
20. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 11/20/1956	22c. NAME OF CEMETERY New Cathe	or crematory dral (em.	22d. LOCATION (City, 10w) Baltimore	M.	(Stote)
3. FUNERAL DIRECTOR'S	SIGNATURE RUCK 5305 1	Hartord Roa	d #14 DATE	D BY REGISTRAR 24b. RE	GISTRAR'S SIGNA	M. A.

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VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11039 CERTIFICATE OF DEATH

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	Keg. 5131. 110. 7 3
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	Baltimore 3V0/-
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
July Hall Pallenore Il, My	2703 Orleans Street ON A FARM? YES NO 3
3. NAME OF DECEASED (Type or print) FANNIE	DRESSEL 4. DATE Month Doy Year OF DEATH NOV 19 165 K
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Feb. 25, 1888 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if retired) housewife at home	Baltimore, Md. U.S.A.
13. FATHER'S NAME Jacob Siegel	14. MOTHER'S MAIDEN NAME Unknown
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	ohn Dressel, husband, above
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ONSET AND DEATH
DUE TO	
Conditions, if ony, which) (averagence	, esterus / year
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case (o), storing the under-	
, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO P
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the foot while at work at	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from.	13, 1956, to 11/19, 1956, that I last saw the decease
alive an 1/1/9 1956, and that death	accurred at 930 M, from the causes and on the date stated above
	ADDRESS (Street, city or town, state) DATE SIGNE
SIGNATURE Gh Roboling NO	40 1825 Castern Block. 11/19/5
PHYSICIAN'S A.L. KOLODNY, M.D	Bullmore 21, mg
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Nov. 23,1956 Parkwood Ceme	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, Inc.	DATE 11-21-56 StiThe Angley

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Reg. Dist. No.

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b. CITY OR TOWN (If outside corporate limits, write RURAL

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Rural - Baltimore Rural - Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Manor Rd. YES NO Manor Road 3 NAME OF 4. DATE Middle Month Day Yeor DECEASED (Type or print) 19 56 DEATH 19 CHATARD DUGAN November PIERRE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years FUNDER LYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Jan. 10, 1912 WIDOWED | DIVORCED [Male White yrs. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF 8USINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U-S-A-Real Estate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Melanie Boone Ferdenand Dugan 15. WAS DECEASED/EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT Address Manor Rd. Balto. Co. Wife. 18. CAUSE OF DEATH VEnter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Gunshot Wound of Head IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO [CERTIFI 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Shot self in head 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while 19 56 at work of work Batto. Co. Md. 1:10 Home 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry death resulted from Natural causes Accident . Suicide DE Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR 11/19/56 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Paul F. Guerin, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 72d. LQCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ā.	VUI	CER	IFICATE	UL	DEATH

11009 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Bal	timore		MAR	YLAND	2. USUAL RESIDE o. STATE	MCE (Whe	ere deceased	l lived. If institut b. COUNTY			re admiss	
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY	/ IN 16	c. CITY OR TO	WN (If ou	stside corpo	rote limits, write l	RURAL ond	give neo	rest town	1)
52 Cat	onsville					Conta	insvi	lle				53
	ITAL (If not in hospital, g	ive street	address)		d. STREET ADI	DRESS	3.5				e. IS RES	IDENCE /
	. Symington	Ave				9 N.	Symin	gton Ave				NO 🗌
3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE	Moi	nth	Da	у	Year
(Type or print)	MARY		LEAH		DUNWOODY		OF DEATH	No	v. 18	3.		1956
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	IED 🔲	B. DATE OF BIRTH		1111	9. AGE (In years lost birthday)			IF UND	ER 24 HRS.
female	white	WIDOW	ED DIVORCE	ED 🔲	May 27.	1871	12.00	85 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI during most of wor HOUSE 13. FATHER'S NAME	ON (Give kind of work rking life, even if retired)	KIND OF BUSINESS O	OR INDU	STRY 11. BIRTHPLAC	E (Stote o		ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
	h Geesaman				Annie							
	ER IN U. S. ARMED FOR	CFS2 14	SOCIAL SECURITY NO	117 8	NFORMANT	e rem	.02	Ada	ress		-	
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)	none		Miss Ruth	n Dun	woody		Symin	gton	Ave	
Conditions, if a gove rise to cause (a), stoting lying couse lost.	the under-	, Ce	terial (s), (b), and (c)		condino	sace	V.ce	disias	L		ERVAL BE	
ICATIO	HER SIGNIFICANT CON		CRIBE HOW INJURY O						VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY PRMED? NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200, DES	CRISE HOW INJURY C	JCCURKE	D. (Enter nature of t	njury in re	on i or ran	ii or item 16.j				
20c. TIME OF INJU Hour o. st. p. m.	RY Month, Day, Yes	20d. II While of wor	NJURY OCCURRED Not while k ot work	20e. PL	ACE OF INJURY (Ho clory, street, office b	me, farm, oldg., etc.)	20f. (City	or town)		(County)		(Stole)
21. I certify to alive on	follows	deceas 12			. 1956, occurred at A. M.D	,000	M, from	the causes of reet, city or town,	and an		te state	
220. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 226. DATE THEREC)F	Harbaugh		R CREMATORY			ION (City, town,			(Stat	e)
23. PUNERAL DIRECTOR	The second name of the last of	+ So	ADDRESS Sa	eto	17 md ?		BY REGIST		STRAR'S S			

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10969 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ALTIMORE 22 b. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) IMOR SALTIMATE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 104 Walnut Ave., Turner Station. Md. WALKUT AVE DATE DECEASED (Type or print) DEATH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH WIDOWED [DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Terrel Bertha Terrell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) No Mr. Theodore Falden - 104 Walnut St. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: CATDIOVASCULAR IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL Month, Day, Year 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED foctory, street, office bldg., etc.) o. m Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection I Inquiry and find that Notural couses Accident , Suicide , Hamicide , Undetermined couse DEPUTY MEDICAL ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 Baltimore, Buria Calvary 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISZRAR'S SIGNATURE

802 Madison Avenue

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

Months

e. IS RESIDENCE ON A FARM?

YES NO Z

IF UNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? NO

DATE SIGNED

(State)

(Stote)

YES |

(County)

VS. A15ME(5) 5M 9/55

Charles R. Law

BUREAU V. E.

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BECEINED

ADDRESS

26 REG'D BY REGISTRAR

24b. REGISTRAR'S ATONATURE

TO FUNE may 15M 9/55

REMOVAL (Spenit)

23. FUNERAL DIRECTOR'S SIGNATURE

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Reg. Dil. 1014 11038 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore b. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 8 Days Annapolis Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1976 West Street Veterans Administration Hospital YES NO 12 NAME OF First Middle 4. DATE Day Year DECEASED ARTHIR (NMT) FISHER November 13 10 56 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days March 30, 1892 Colored Male WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) dod 12. CITIZEN OF WHAT COUNTRY? Moving - Hauling Annapolis, Maryland U. S. A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pricilla Wilson Solomon Fisher 15. WAS DECEASEDEYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clinical Records. VA Hospital, FtlHoward, Maryland Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HYPERTENSIVE CARDIOVASCULAR DISEASE IMMEDIATE CAUSE (o) YEARS **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. n. foctory, street, office bldg., etc.) While Not while ot work ot work p. m. 21. I certify that kattended the deceased from November 5, 19 56, to November 13 166 belives and another course and the death occurred at 6:30P.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL HOWARD, MARYLAND SIGNATURE PHYSICIAN'S NAME (Type) C. J. PAPASTRAT. M.D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Fowlers Chanel Church Beth Gate, Maryland Burial 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. BEGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Reese Funeral Home. 108 Washington St. Annapolis DATE Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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or.	T	×	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE
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Poge S		-	KOMULDO FORTI AGNES POSTAL, 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
File Page	-		(If yes, give wer or dates of service) URBAN FORTI MT, CARMEL, PA.
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Tage			PART I, DEATH WAS CAUSED BY: UNING - Chest ONSET AND DEATH
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Sal ash			Hour o. m. While Not while factory, street, office bldg., etc.)
Aedi Aedi			p. m. 19 of work of work 21. I certify that I took charge af the remains described above, held on Autopsy , Inspection . Inquiry . Inquiry . Inquiry .
KX vritii			deoth resulted from: Noturol causes, Accident, Suicide, Homicide, Undetermined cause
te, te			O A C A C C
WEDI tiffca to the DIRE	1		SIGNATURE JACK COLLUS M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
Y M	d		ASSISTANT MEDICAL EXAMINER \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
the the			NAME (Type) TACK C COLLINS DEPUTY MEDICAL EXAMINER D
forw forw or re		2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5 0 0			BURIAL 11-63 -S6. SACRED HEART CEM. 7401 GERMAN HILL KD., MI
VS. A15ME(5)	- 6	2	3. FUNERAL DIRECTOR'S SIGNATURE 401 S. CONKLING ST. 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 9/55	- 63		Charles & deller BALTO, 24, MD. DATE/100.27,1951 Newson d. July

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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DECENTER

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 ha	es	40	0	
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-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pag	15	9	7
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a. COUNTY	Baltimore		MARYLAN	2. USUAL RESIDENCE	(Where decease	b. COUNT		nce before	odmission)
b. CITY OR TOWN and give nearest tow	(If outside exporate limits, writen)	RURAL	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside corpo	orate limits, write	RURAL and	give neare	st tawn)
	Lorelay				Phila.		'7	5 x	3
	ital or institution (If nat in hos	pital, give street address)	d. STREET ADDRESS	1744 N.	15th St	•		IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fir FR	" EDERIC	Middle	FOST ER	4. DATE OF DEATH	Mont		Day 26,	Year 19 56
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIE	D NEVER MARRIED TALED DIVORCED	8. DATE OF BIRTH 5/17/1929	5	27 yrs:	Months C		UNDER 24 HRS.
10a. USUAL OCCUPAT during most af wark	ION (Give kind of work ing life, even if retired)	dane 10b. K	IND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (SI	ote ar fareign co	untry)	12. CITIZ	EN OF W	HAT COUNTRY
				Charolet		•	1	U.S.A	•
13. FATHER'S NAME	d Washam			14. MOTHER'S MAIDEN			7		
	d Foster	OCECO IV	ociu escunity no lu	Cleora I)awkins				
(Yes, no, or unknown)	(If yes, give war or dotes of Korean	service)		. INFORMANT Cleora Dawkii	ns 1923	Ridgehi		e.	
18. CAUSE OF DE	ATM Enter only one con	and the A							RETWEEN
		se par tine t	or (a), (b), and (c).]					ONSET AN	D DEATH
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PART I. DE	ATH WAS CAUSED BY	se per tine t		ing injury o	f chest		0)	ONSET AN	D DEATH
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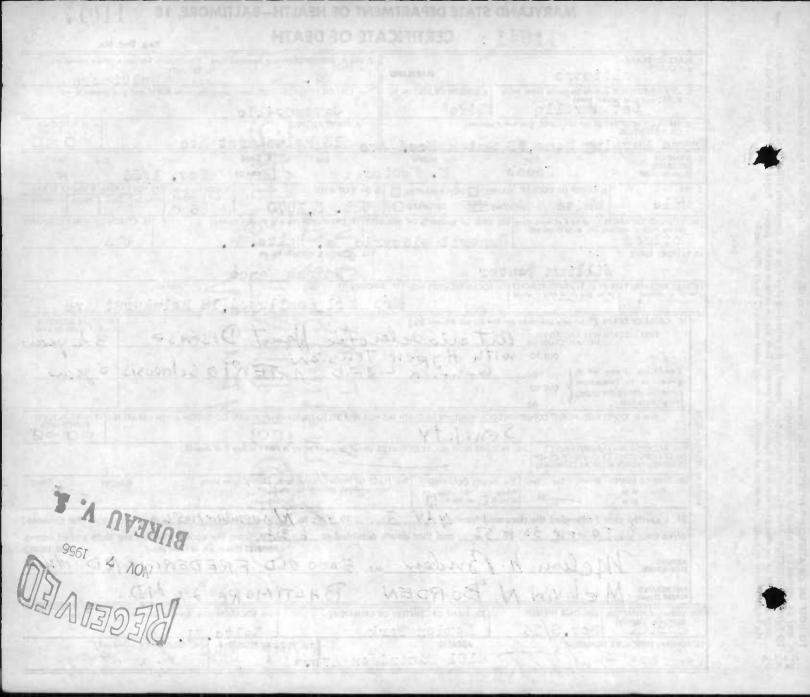
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STATEMENTAL HOLDERS OF ANTHONY OF HEALTH SALTHMORE THE

1	11047	Reg.	Dist. No.
	1. PLACE OF DEATH o. COUNTY Baltimore MARYL	AND 2. USUAL RESIDENCE (Where deceased lived. If institution: Resion STATE b. COUNTY Ba	idence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Life		
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	layne Wursing Home 98 Smith Wee	a Ave 13 Holmehurst Ave	YES NO
	3. NAME OF First Middle DECEASED (Type or print) Jacob N. F	Lost 4. DATE Month OF DEATH NOV. 1/	Day Year 56 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	lost birthdoy) Montl	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY
ŀ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UNA
ı	William Fester	Hannah Vance	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. (Yes, no. or unknown) [If yes, give wor or dates of service]	17. INFORMANT Address Mrs Earl Smallwood, 13 Holmh	urst Ave
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if any, which gove rise to immediate code (o), stoling the under- lying cause lost.	R Tension LIZED ARTERIO School	ONSET AND DEATH 3 - year
	Senility	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH	CURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	(0e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased from MAY alive on 0. To bek 30, 19 57, and that actual Molen h. Brillen	death occurred at 6:35 MM, from the causes and or ADDRESS (Street, city or town, stote) M.D. 5000 OLD FREDERICL	
	PHYSICIAN'S MeLVIN N. BORDE	EN BALTIMORE 29, MI	D.
		Park Balta Ma	0
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 4101 Edm	endson Aymare 1950	Signature . Harry

Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled 12 by the funeral director. VS A1



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEC

BUREAU V. S.

cure the certificate, writing the world "pending" in pencil in Item 18. Give boars orter death. To five at 10 the Chief Medical Examiner's Office along with farm PM3. Pages 5 may be retained for your es. TO FULL AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the registration of purpose to the page 5.
cute the certificate, writing the word "pending" in pendin like 18. Give Poges 1, 2, and 3 to the funeral director forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained for your es. TO FULL AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registration of the price of the pending of the pending price is a pending burial transit permit.
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b. CITY OR TOWN III and give hearest town		RURAL	about 20		c. city or town (i Dundalk	If outside cor	porate limits, write	RURAL o	nd give n	earest tax	wn)
d. NAME OF HOSPIT 2972 Corns		f not in has	pital, give street address)	d. street address 2972 Cornw	rall Ró				ON	A FARM?
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F F	Cau	WIDOWED			Date of Birth Oct. 1, 1902		9. AGE In years lost birthday) 54 yrs.	Months	R TYEAR Doys	Haurs	ER 24 HRS, Min.
during most of warking Domestic	ng life, even if refired)	dane 10b. K	IND OF BUSINESS OR I	NDUSTI	Germany		country)	12. CI		WHAT	COUNTRY?
3. FATHER'S NAME 5. WAS DECEASED EV. 6s. no, or unknown)	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	1000	formant ena Darr 2		Address Brunswi	ck, M	ld.		
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PRIMARY or CONCAUSE OF DEATH. 20c. TIME OF INJUING Hour o. m.	NIKIBUTING LI		NURY OCCURRED 200	PLAC	E OF INJURY (Home, farrry, street, office bldg., etc.	m, 120f. (City		(Co	ounty)		(State)

20c. TIME OF Haur 21. I certify that I took charge of the remains described above, held on Autopsy .

death resulted from: Notural couses Accident ,

Suicide ,

Homicide , Undetermined cause

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DATE SIGNED

Inspection Inquiry I and find that

EXAMINER'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF BEROVAL (Specify)
Durial
Dec. 5. 1

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or caunty)

(State)

Dec. 5, 1956 23. FUNERAL DIRECTOR'S SIGNATURE

o. COUNTY . b. CITY OR TO and give nea Di d. NAME OF I 2972 Cd 3. NAME OF DECEASED (Type or print)

5. SEX F 10a. USUAL OCC

13. FATHER'S NA

15. WAS DECEAS (Yes, no. or unknown)

ACTUAL

SIGNATURE

Union Cemetery ADDRESS

Lovettsville. Virginia 240 REC'D BY REGISTRAR 746 REGISTRAR'S SIGNATURE

Ullrich Funeral Home 4210 Belair Rd. Balto.

VS. A15ME(5) 5M 9/55

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? VON RECKBURGHAUSEN'S DISEASE YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc. Hour a. n. While Not while at work ot wark p. m 21. I certify that I attended the deceased from July 29 1956 . ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Veterans Administration Hospital PHYSICIAN'S NAME (Type) Fort Howard. 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Remova Bridgeville Cemetery Bridgeville. Delaware 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HARDESTY FUNERAL HOME, BRIDGEVILLE, DELAWARE

Sussex

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e. IS RESIDENCE

ON A FARM?

YES NO THE

Year

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Hours

INTERVAL BETWEEN UNKNOWN DEATH

12. CITIZEN OF WHAT COUNTRY?

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Who o, STATE	ere deceased lived. If institu		re admission)
	altimore	MARYLAND	Maryland	Balti		
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If o	utside corporate limits, write		arest town)
18	RURAL ond give negrest town)	20 Yrs.	Baltimore			1
	d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS			e. IS RESIDENCE
7	or institution 208 Francis Ave.		1208 Rranc	ta Atta		ON A FARM?
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100	NAME OF First	Middle	Last	OF	onth Do	,
_	(Type or print) Lambert Rumse	y Gittings		DEATH NOVemb		
5. :	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys	Hours Min.
N	ale white widow	ED DIVORCED	Aug. 11, 1885			Hours Min.
10c	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN C	OF WHAT COUNTR
T		elf Employe	d Maryland			
=	FATHER'S NAME	<u> </u>	14. MOTHER'S MAIDEN N	IAME		
	John R. Gittings		Emma Clare	77		
		SOCIAL SECURITY NO. 17	INFORMANT		dress	
	no, or unknown) (If yes, give war or dates of service)					
_			John A. Gittin	igs 1208 Fra	incis Av	e.
	 CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: 	ne for (o), (b), and (c).]	man He	10 . A.De		ERVAL BETWEEN
10	IMMEDIATE CAUSE (o)	0000	J. 10	2 2 1		100
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	Conditions, if any, which (b) (b)	den			o regg	ARE)]
	codse (o), stoting the under-	111		1-1.		·
U	lying couse lost. (c)	Huly	o co	source	2 1	5//2
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	VEN IN PART 1(a)	PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	Part I or Port II of item 1B.)		
MEDICAL	Hour o.m. While		PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.		(County)	(Stote)
	21. I certify that I attended the decease	ed from Ma	1954, to	9100-8, 1970	a that I last a	aw the dece-
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	alive an 12	ZLZ2, and that dea	The accurred at 4	M, fram the causes ADDRESS (Street, city or town		ite stated abav
	ACTUAL SIGNATURE DASS	more	SM.D. 5609	January of rown	22	7MLL
	PHYSICIAN'S BBBDD	n ha / 10	4.	E I		11/8/

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220. BURIAL, CREMATION, REMOVAL (Specify)

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VS A15 (4) 1SM 9/S5

Woodlawn 23. EUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

22c. NAME OF CEMÉTERY OR CREMATORY

24a. REC'D' BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(Stote)

22d. LOCATION (City, town, or county)

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and give near	est tawn)	s, write	c. LENGTH OF STAY IN 67 Yrs.	4 1b			rate limits, write R	RURAL and give ne	arest town)
OF HOSPITAL STITUTION			address)		d. STREET ADDRESS 623 E.	Stree	t		e. IS RESIDENCE ON A FARM? YES NO (\(\bar{\Delta}\)
F D print)	CATHERIN	Œ			ELTER	4. DATE OF DEATH			y Year 19 56
Le	White					74	9. AGE (In years lost birthday) 82 yrs.	Months Days	Hours Min.
OCCUPATION most of warking	(Give kind of work of g life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUST	Penna	le or foreign c	ountry)	U.S.	A.
NAME amuel W	eir								
			SOCIAL SECURITY NO.		70	ardorf)
PART I. DEATH	WAS CAUSED BY:	,	e for (a), (b), and (c).]	ia	- Hyposi	phe			ERVAL BETWEEN SET AND DEATH
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cause lost.	(c		ONTRIBUTING TO DEAT	'H BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	/FN IN PART 1(o)	19. WAS AUTOPSY
									PERFORMED? YES NO
ER, NOTIFY ME	EDICAL EXAMINER)								
p. m.	19	While	_ Not while _	facto	ry, street, office bldg., e	ric.)	or lawn)	(County)	(Stote
	PART II. OTHER CIDENT WAS CI	PART I. DEATH [Inter only one corporate limit only which only in the property of was under the course to immediate only one corporate limit only one control of working life, even if retired) one of working life, even if retired) one one one one one of working life, even if retired) one	PREATH TY Baltimore OR TOWN (If outside corporate limits, write and give nearest town) OWS POINT OF HOSPITAL (If not in hospital, give street of STITUTION 625 E St. First CATHERINE 6. COLOR OR RACE 7. MARRI White WIDOWE OCCUPATION (Give kind of work done lob.) ONAME White WIDOWE OCCUPATION (Give kind of work done lob.) ONAME White WIDOWE OCCUPATION (Give kind of work done lob.) ONAME WHO WIDOWE OCCUPATION (Give kind of work done lob.) ONAME WIDOWE OCCUPATION (Give kind of work done lob.) ONAME WIDOWE OCCUPATION (Give kind of work done lob.) ONAME WIDOWE OCCUPATION (Give kind of work done lob.) ONAME WIDOWE ONAME WIDOWE ONAME WIDOWE ONAME WIDOWE ONAME WIDOWE OUS OF DEATH [Enter only one cause per line lob.) IMMEDIATE CAUSE (a) OUE TO Itions, if ony, which rise to immediate on, storing the under- couse lost. ONAME WIDOWE OCCUPATION (Give kind of work done lob.) OUE TO Itions, of working life, even if retired) OUE TO Itions, if ony, which rise to immediate on, storing the under- couse lost. OUE TO ITINITY WAS UNDERLYING [] ITINITY WAS UNDERLYING [] ITINITY MEDICAL EXAMINER) E OF INJURY Month, Day, Year 20d. IN White, our a. m.	DEATH TY Baltimore MARYLL OR TOWN (If outside corporate limits, write and give nearest tawn) OWS POINT OF HOSPITAL (If not in hospital, give street address) STITUTION 623 E St. First Middle First Middle CATHERINE CATHERINE CATHERINE OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done to working life, even if retired) OCCUPATION (Give kind of work done life, even if retired) OCCUPATION (Give kind of work done life, even if retired) OCCUPATION (Give kind of work done life, even if retired) OCCUPATION (Give kind of work done life, even if retired) OCCUPATION (Give kind	CERTIFICA TOWATH Baltimore OR TOWN (If outside corporate limits, write and give nearest town) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) First OF HOSPITAL (If not in hospital, give street address) First Middle W. GLADF OCCUPATION (Give kind of work done) OCCUPATION (Give kind of work d	CERTIFICATE OF DEAT TOWN Baltimore MARYLAND R TOWN (If outside corporate limits, write and give nearest lown) OR TOWN (If outside corporate limits, write and give nearest lown) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OCATHERINE OCATHERINE OCCUPATION (Give kind of work done) White WIDOWED X DIVORCED Sept. 14, 18 OCCUPATION (Give kind of work done) OCCUPATION (Give kind of work done) OCHONIC Warking life, even if refired) DOME TAMBE UNDURE TOWNS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Lians, if ony, which rise to immediate (c) OCHONIC Was Give word or dottes of service) DUE TO Lians, if ony, which rise to immediate (c) OLIC TOWNS DUE TO LIANS UNDERLYING TOWNS AND COURRED (Enter nature of injury in the property of the pr	CERTIFICATE OF DEATH Baltimore MARYLAND R TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate limits, write and give nearest flown) OR TOWN (If outside corporate flown) OR TOWN (If o	CERTIFICATE OF DEATH TO Baltimore MARYLAND R TOWN (If outside corporate limits, write ond give nearest leven) OR TOWN (If outside corporate limits, write ond give nearest leven) OF HOSPITAL (If not in hospital, give street address) OF ASSET (If not in hospital, give street address) OF ASSET (If not in hospital, give street address) OCCUPATION (Give kind of work done in the w	CERTIFICATE OF DEATH Reg. Dist. No **Reg. Dist. No **Baltimore** **MARYLAND **REG. Dist. No **Baltimore** **MARYLAND **REG. Dist. No **Part 10.55

, and that death occurred at LOLM, from the causes and on the date stated above.

ACTUAL SIGNATURE

ADDRESS (Street, city or town, stote) DATE SIGNED

PHYSICIAN'S NAME (Type)

VIXDSOR 220. BURIAL, CREMATION,
REMOVAL (Specify)

22b. DATE THEREOF Nov. 14, 1956

22c. NAME OF CEMETERY OR CREMATORY Oak Lawn

22d. LOCATION (City, town, or county)

Colgate, Md.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ullrich Funeral Home 2112 Dundalk Ave. 24a. REG'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(Stote)

VS A15 (4) 15M 9/SS

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VS A1S (4) 1SM 9/SS M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8 11023 Reg. Dist. No.

1	o. COUNTY	Balto.		MARYLAND	2. USUAL RESIDENCE (W	here deceased	l lived. If instituti b. COUNTY	on: Residenc		lmission)
	b. CITY OR TOWN (If RURAL and give ned	autside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	rote limits, write R	URAL and g	ive nearest	town)
L	Catons			5 yrs.	305	Ingle	side A	ve.		52
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g House in			d. street address Catonsvi	llle			0	RESIDENCE IN A FARM?
3.	NAME OF DECEASED (Type or print)	Fir Mabel		Middle B.	Lost Glaser	4. DATE OF DEATH	Mor		Day	Year 56
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED	8. DATE OF BIRTH		9. AGE (In years last birthday)			INDER 24 HRS.
10	during most of worki	ng life, even if retired	done 10b.	KIND OF BUSINESS OR INDI			1 -	12. CITI	ZEN OF W	HAT COUNTRY?
1	B. FATHER'S NAME	sekeeper		Lome						
1	. PATHER'S NAME	George	Bake	er	14. MOTHER'S MAIDEN	Ellen	Brown	1		
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		
		r yes, give war or dares or t	ervicej	Mr	s. J.D. Col	llins	305 In	lesi	de A	ve.
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate)	Chona	oc fai	luc	ره ا	^	ONSET A	L BETWEEN NO DEATH
1,	lying cause last.) (c		alleus	Sclevs	6	Geres	5-	le	Rnow
CATION	PARI II. OIRI	exsignificant con	UITONS C	CONTRIBUTING TO DEATH BU	INDI RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART	PE	REORMED?
CEPTIEI		☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part	II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	or 20d. It While of work	Not while for	LACE OF INJURY (Hame, farr actory, street, office bldg., etc.	m, 20f. (City	or town)	(Co	ounty)	(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of 1 aftended the	12:	RATLIFF		M, fram ADDRESS (Str	cet, city or town, dru CDM c	ind on the state)	e date s	he deceased lated above. DATE SIGNED
2.	REMOVAL (Specify)	12-2-5		22c. NAME OF CEMETERY C	OR CREMATORY		ion (City, town, o	or county)	Ohi	State)
23	FUNERAL DIRECTOR'S	SIGNATURE Turneral F	Home	- Catanavel	A KES DATE	D BY REGISTI	246. REGIS	TEXT'S SUE	Har Har	rus

CERTIFICATE OF DEATH

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VS A1S (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11024

11047 CERTIFICATE OF DEATH

Reg. Dist. No. 30

	O. COUNTY BILLO CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Besidence before admission) . b. COUNTY
1	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RUBAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Chronoville life	Catousvelle mol 50
	d. NAME OF HOSPITAL (If not in hospital, give street address) SR INSTITUTION Ald Frederich Ra	d. STREET ADDRESS (Adme) e. 1s residence on a farm? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or pright) Mary Agner An	Lost OF Month Day Year DEATH 11/13/56 19
	5. SEX 6. COLOP OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during spost of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Charler St. Graber	14. MOTHER'S MAIDEN NAME
0	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF (Yes, no, or unknown) (It yes, give wor or dates of service)	m. a. Graber (same-)
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	interval Between Onset and Death
	Conditions, if any, which gove rise to immediate coese (a), stoting the underlying couse lost. DUE TO (b) Orderic Scle DUE TO (c) Semili Che	noi C-V Disaine
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		(Enter nature of injury in Port 1 or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work of work	E OF INJURY IHome, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
The Assessment	21. I certify that I attended the deceased fram. 6/30 alive an	nccurred at 7 PM, fram the causes and an the date stated abave. ADDRESS (Street, city or town, stole) DATE SIGNED 11/14/56
	PHYSICIAN'S NAME (Type)	
6	22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. DIAME OF CEMETERY OR CEMETERY O	of Bolto med
-	MacMoltySon 28	240. REC'D BY, REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 1/17/56 7. Farry

MARYLAND STATE DIPARTMENT OF HEALTH—BALTIMORE, 18

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zined by the haspital ar attending physician.	ORECTOR: After this certificate has been signed by the attending physicien and completely filled they the funeral director,	Ald be detached for use as the burial-transit permit. Then please remarks carbda papers. Pages 1. 2 shauld be filled with	r priar ta burial, crematian, ar removal, and in any event within 72 hours after death.

AR	Baltimore MARYLAND O. STATE Maryland b. COUNTY Haltimore Co
X	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Mt. Wilson C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balkimore City (30) 3 Vol.
02	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Mt. Wilson State Hospital d. STREET ADDRESS ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Editard Russel Gregory OF DEATH Notember 17 198
	Months Days Hours Min.
1	Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if refired), Engineer (STA) Clothing Mfg. Balto, City 12. CITIZEN OF WHAT COUNT
)	3. FATHER'S NAME Arthur O. Gregory Emma E. Glass
0	5. WAS DECEASED EVER IN U. S. ARMED FÓRCES? 16. MCIAL SECURITY NO. 17. INFORMANT Address Address Hospital records, Mt. Milson State Hospital records, Mt. Milson State Hospital records, Mt. Milson State Hospital Records Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) For Adbaneal Phlmonan TB. INTERVAL BETWEEN ONSET AND DEATH
	conditions if any which)
	gove rise to immediate couse (o), stating the under- lying couse lost. (b) DUE TO Partial heart block. My ocardial daynage.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO F
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour D. fl. 19 Of work of work of work 19
	21. I certify that I attended the deceased from $9-13$, 1956 , to $1-12$, 1956 , that I last saw the deceased alive on $1-12$, 1956 , and that death occurred at 136 M, from the causes and on the date stated about
1	ADDRESS (Street, city or town, stote) DATE SIGNATURE ADDRESS (Street, city or town, stote) 1-19-193
	PHYSICIAN'S William Newcomer, M.D. Mt. Wilson, Maryland
	REMOVAL (Specify) Nov. 21-1956 Loudon Park Can Balt May, (Stote) REMOVAL (Specify)
OR	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE 240, REC'D BY REGISTRAR, 246, REGISTRAR'S SIGNATURE DATE DATE
	400

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

.11048

1. PLACE OF DEATH

11025

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Consider recovery Et. Wilcon Clube Co.

BUREAU V.

9561 61 NON

VS. A15

MARYLAND ST	ATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18	1	1	02	36	•
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11049 CERTIFICATI	E OF DEATH Reg. Dist.	No. 38
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0 0/1
COUNTY Salo, MARYLAND	STATE haryand . COUNT	ry Batto
CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2309 Ellen Care	STREET ADDRESS 3 (1f rural give location)	ave!
3. NAME OF DECEASED: (Type or Print)	(Last) OF DEATH: (Month) (Day)	(Year)
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S. COLOR OR (Specify): S. COL	OF BIRTH: 9. AGE iast birthday: if UNDER 1 YE. Months Day	
10s. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): 10b. KIND OF BUSINESS OF INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
JACOB EPPLEY	UNKNOWN	
(Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICATI	1 to County street	
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) DUE TO DUE TO	rility	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
o None		Yes No V
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.)	(CITY OR TOWN) (COUNTY) (ST	TATE)
TIME (Month) (Day) (Year) (11our) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on long that I attended the deceased from that death occurred at long that long that death occurred at long t	, to , to , 19 %, that I last s , that I last s , the causes and on the date s ADDRESS DATE AND A CONTROL OF THE CONTROL OF TH	
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR AS 1956 MAY CHARLES AND A CONTROL OF THE REGISTRAR'S SIGNATURE REGISTRAR AS A SIGNATURE REGIST	enting Som Handay	May Gordon ADDRESS - Trudone
		Penna.



VS A15 (4) 15M 9/S5 Benin

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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. 11050 CERTIFICATE OF DEATH

11027 3

1. PLACE OF DEATH o. COUNTY Baltimor	7										
Dal Limor		t. Tr.	School		RESIDENCE (WE Mary)		lived. If instituti b. COUNTY	on: Reside		t.v	ion)
b. CITY OR TOWN (II	f outside corporate limi	its, write c	LENGTH OF STAY IN 1	b c. CITY			rate limits, write R	URAL one			1)
RURAL and give ne	ills, Md.		5t vrs.						2		1-4
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street add		d. STRI	ET ADDRESS	more o	, Maryla	0101		e. IS RES	
						010 77				ON A	FARM?
	St. Tr. S						Avenue			IE2 L	NO De
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mon	th	Da	у	Year
(Type or print)	Lois		Carolyn		picht	DEATH	Nover		23r		19 56
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years lost birthday)	Months			R 24 HRS.
Female	White	WIDOWED	DIVORCED [1 4/12	45		11 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work a	done 10b. KIN	ND OF BUSINESS OR IN	DUSTRY 11. BIR	THPLACE (Stote	or foreign co	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
	ang me, even ir renred	"		1	Marylan	d			U.	C A	
13. FATHER'S NAME					ER'S MAIDEN				0.	O.A.	
Milton	William Hal	hight			Tion D	obooo	Douleton				
15. WAS DECEASED EVER			CIAL SECUPITY NO. 11	7. INFORMANT	tice n	ebecca	Deskins				
(Yes, no, or unknown)	(If yes, give war ar dates of s	iervice)	CIAL SECORITI NO.				A00	ess			
no			40 W-40 W 40	Rosewo	od Rec	ords					
	TH [Enter only one co	ouse per line (for (o), (b), and (c).]							RVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Pneu	monia - sta	atic					0.43	ET AIN	DEATH
3514	DUE TO										
Conditions, if a	nv. which)	Cond	diac failure								
gove rise to in	mmediate (TIGO TETTUTO								
coese (o), stoting t	ine under-			A	7		A A			L d	. + 4
lying couse lost.	(c	Cach	nexia secon								
lying couse lost.	(c	DITIONS CON	NTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERM					9. WAS	
lying couse lost.	HER SIGNIFICANT CON	Cach DITIONS CON and	spastic par	BUT NOT RELATE raplegia	D TO THE TERM	INAL DISEAS	CONDITION GIV			PERFC	AUTOPSY
PART II. OTH PART II. OTH PART II. OTH	HER SIGNIFICANT CON	Cach DITIONS CON and	NTRIBUTING TO DEATH	BUT NOT RELATE raplegia	D TO THE TERM	INAL DISEAS	CONDITION GIV			PERFC	AUTOPSY RMED?
PART II. OTH PART II. OTH	GER SIGNIFICANT CON	e) Cach IDITIONS CON and 20b. DESCRI	NTRIBUTING TO DEATH SPASTIC PAI BE HOW INJURY OCCU	BUT NOT RELATE raplegia RRED. (Enter nate	D TO THE TERM ure of injury in	Port I or Port	E CONDITION GIV	'EN IN PA		PERFC	AUTOPSY RMED?
PART II. OTH PART II. OTH	IRE SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	and 20d. INJU While	Spastic parable by the	BUT NOT RELATE raplegia	D TO THE TERM ure of injury in	Port I or Port	E CONDITION GIV	'EN IN PA	RT 1(0) 1	PERFC	AUTOPSY RMED? NO 【
Iying couse lost. PART II. OTH PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m.	GER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee	and 20d. INJU White of work	Spastic paragraphic paragraphi	BUT NOT RELATE raplegia RRED. (Enter nate PLACE OF INJU- factory, street,	D TO THE TERM ore of injury in IRY (Home, fore office bldg., et	Port I or Port	II of item 18.)	EN IN PA	(County)	PERFO YES	AUTOPSY RMED? NO [[] (State)
Iying couse lost. PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m.	HER SIGNIFICANT CON S. UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y. Month, Day, Yee	and 20b. DESCRI	Spastic paragraphic paragraphi	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INJU- factory, street,	D TO THE TERM ore of injury in IRY (Home, form office bldg., et	Port I or Port m. 20f. (City 11/23	If of item 18.) or town)	EN IN PA	(County)	PERFO YES T	(State)
Iying couse lost. PART II. OTH PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m.	GER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee	and 20d. INJU White of work	Spastic paragraphic paragraphi	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INJU- factory, street,	D TO THE TERM ore of injury in IRY (Home, form office bldg., et	Port I or Port m. 20f. (City 11/23	If of item 18.) or town)	EN IN PA	(County)	PERFO YES TEN THE STATE OF THE	(State)
Iying couse lost. PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify th alive an	GER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee	and 20b. DESCRI	Spastic paragraphic paragraphi	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INJU- factory, street,	D TO THE TERM ore of injury in IRY (Home, form office bldg., et	Port I or Port m. 20f. (City 11/2: DAM, from	If of item 18.) or town)	that I	(County)	PERFO YES TEN THE STATE OF THE	(State)
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m. 21. I certify th alive an	GER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee	and 20b. DESCRI	Spastic paragraphic paragraphi	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INJU- factory, street,	D TO THE TERM ore of injury in IRY (Home, form office bldg., et	Port I or Port m. 20f. (City 11/2: DAM, from	If of item 18.) or town) 18/56, 19	that I	(County)	PERFO YES TEN THE STATE OF THE	(State)
Jying couse lost. PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o. m. 21. I certify th alive an ACTUAL SIGNATURE	GER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee	and 20b. DESCRI	Spastic paragraphic paragraphi	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INJU- factory, street,	D TO THE TERM ore of injury in IRY (Home, form office bldg., et	Port I or Port m. 20f. (City 11/2: DAM, from	If of item 18.) or town) 18/56, 19	that I	(County)	PERFO YES TEN THE STATE OF THE	(State)
Iying couse lost PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m. 21. I certify th alive an	der significant con S Underlying CAUSE OF DEATH MEDICAL EXAMINER Y Month, Day, Yea 19 at 1 attended the	and 20b. DESCRI While of work [e. deceased, 19_56	Spastic particles and the spastic particles	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INJU- factory, street,	D TO THE TERM ore of injury in IRY (Home, form office bldg., et	Port I or Port m. 20f. (City 11/2: DAM, from ADDRESS (SI	If of item 18.) or town) the causes or reet, city or town,	that I	(County) (County) (County) (County)	PERFO YES D	(State) (State)
Iying couse lost. PART II. OTH PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	der significant con S Underlying	and 206. DESCRI While of work [19 56	Spastic paragraphic paragraphi	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INJU- foctory, street, 19 M.D. M.D.	ore of injury in IRY (Home, for office bldg., et 11:30) at 11:30	Port I or Port m, 20f. (City 11/2: DAM, from ADDRESS (SI	or town) 11 of item 18.) or town) 13/56, 19 or the causes of reel, city or town,	that I	(County)	PERFO YES D	(State) (State) (State) (State)
Iying couse lost PART II. OTH PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 201. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify)	GER SIGNIFICANT CON S. UNDERLYING CON C. CAUSE OF DEATH MEDICAL EXAMINER) Y. Month, Day, Ye 19 at I attended the 11/23/ Walter N, 12b. Date THEREC LLV 2	and 206. DESCRI While of work [19 56	SPASTIC PATE SPASTIC PATE BE HOW INJURY OCCURRED Of work of the state	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INJU- foctory, street, 19 M.D. M.D.	ore of injury in IRY (Home, for office bldg., et at 11: 30)	Port I or Port M., 20f. (City C.) AM, from ADDRESS (SI St. 1 22d. LOCAT	or town) 11 of item 18.) 12 or town) 13/56, 19 14 the causes of reel, city or town, 15. School 10N (City, town, of the first of t	that I and on stote)	(County) (County) (County) (County) (County) (County) (County)	PERFO YES D	(State) (State) (State)
Iying couse lost PART II. OTH PART II. OTH 20c. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o. m. P. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22c. BURIAL, CREMATIO REMOVAL (Specify)	GER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye 19 at I attended the Walter CAUSE N, 122b. Date Thereco	and 206. DESCRI While of work [19 56	Spastic parameter paramete	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INUIT foctory, street, 19 M.D. Y OR CREMATO	ore of injury in IRY (Home, for office bldg., et at 11: 30)	Port I or Port M., 20f. (City C.) AM, from ADDRESS (SI 22d. LOCAT Tag D BY RESIST	If of item 18.) or town) 18/56, 19 or the causes of reel, city or town, The School Control (City, town, or law town) RAR 24b. REGISTANCE (Control of the cause)	that I and on stote)	(County) (County) (County) (County) (County) (County) (County)	PERFO YES D	(State) (State) (State)
Iying couse lost. PART II. OTH PART II. OTH PART II. OTH 20c. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22c. BURIAL, CREMATIO REMOVAL (Specify)	GER SIGNIFICANT CON S. UNDERLYING CON C. CAUSE OF DEATH MEDICAL EXAMINER) Y. Month, Day, Ye 19 at I attended the 11/23/ Walter N, 12b. Date THEREC LLV 2	and 206. DESCRI While of work [19 56	SPASTIC PATE SPASTIC PATE BE HOW INJURY OCCURRED Of work of the state	BUT NOT RELATE raplegia RRED. (Enter not) PLACE OF INUIT foctory, street, 19 M.D. Y OR CREMATO	ore of injury in IRY (Home, for office bldg., et at 11: 30)	Port I or Port M., 20f. (City C.) AM, from ADDRESS (SI St. 1 22d. LOCAT	If of item 18.) or town) 18/56, 19 or the causes of reel, city or town, The School Control (City, town, or law town) RAR 24b. REGISTANCE (Control of the cause)	that I and on stote)	(County) (County) (County) (County) (County) (County) (County)	PERFO YES D	(State) (State) (State)

current of the comment of the commen Na attached to National Little Charles and Company 9961 72 VON

ADDRESS

VS. A15ME(5) 5M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE 4707

Mey.19

220. BURIAL CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

Burial

Rea. Dist. Na.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) / Miss Alice Ekas e. IS RESIDENCE c/o 4231 Euclid Avenue Baltimora ON A FARM? 29 6 NO 1 Year 16. 195619 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min 12. CITIZEN OF WHAT COUNTRY? U.S.A 4231 Euching A venue Miss Alice Ekas: Longwood 6-8886 INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO [(County) (Stote) Baltimore Co., Md. Inspection X, Inquiry X, and find that Undetermined cause DATE SIGNED Nov. 16.1956 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Leudon Park Balto.Md 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Edmondson Av Coafe

BUREAU V. S.

40V 20 1956

BECENTED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11051 CERTIFICATE OF DEATH

11029

Reg. Dist. No.

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	.1	11
	4	7

	PLACE OF DEATH o. COUNTY Baltim	ore	4 5	MAR	YLAND	2. USUAL RESIDENCE (W	Where deceased	lived. If institution b. COUNTY	on: Residence	before adn	nission)
4	b. CITY OR TOWN (IF RURAL and give no. Fort H	grest town)	ts, write	68 Days	Y IN 1b	c. CITY OR TOWN (IF		ote limits, write R	URAL ond gi	ve nearest to	own)
	d. NAME OF HOSPITA OR INSTITUTION Vetera	AL (If not in hospital, o			al	d. STREET ADDRESS	olbrook	Street		10	RESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	WALTE		Middl LEE		AMBURG Lost	4. DATE OF DEATH	Novembe		Poy	Year 19 56
	Male Male	White	WIDOWI	_	ED 🔲	B. DATE OF BIRTH April 11, 18	-	9. AGE (In years birthdoy) yrs.		YEAR IF UN	DER 24 HRS.
100	during most of works	N (Give kind of working life, even if retired aborer)	1	KIND OF BUSINESS		t. Hagerston				S. A	AT COUNTRY?
13.	Charles Ha	mburg				Nannie Jaco					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	social security no		in.Rec.,Vet.	Adm.Hos	pital,Ft		d, Ma	ryland
		mediote (PUL	MONARY EMF		MA				ONKN	BETWEEN
CERTIFICATION	UNDIAGNOS	SED PULMONA	RY M	ASS - Dur	atio	not related to the term n unknown. Exp	plorato	ry Thora	EN IN PART SOLOMY	PER	S AUTOPSY FORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A			CRIBE HOW INJURY (OCCURRE!	D. (Enter noture of injury in	Port I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. ft. p. m.	Month, Day, Yes	While	NJURY OCCURRED Nat while of work	20e. PL/ fac	ACE OF INJURY (Home, far story, street, office bldg., et	m, 20f. (City	or town)	(Co	unty)	(State)
	ACTUAL SIGNATURE	age m. mis		COCOGGG tha	t death	occurred at 4:50	ADDRESS (SI	the causes a	end on the	date sta	pated above. DATE SIGNED
220	NAME (Type) JUNE BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEN	AETERY O	R CREMATORY	22d, LOCATI	ON (City, town, of	or county)	(5)	lote)
- 2	FUNERAL DIRECTOR'S	FRACE	009 H	ADDRESS arford Rd.		N Palato		56 24b. REGA		NATURE /	arkers

April 11 1894 - 42 (astrony) as (Cloy Hallory Bant, Ingerston, Harrist and Hamile cancon THE STATE OF STREET PROPERTY OF STREET 9961 4 NON Mary Control of the Land H. H. H. B. B. Control of the Control of William to Let . At brother Burlows at . Select an Angellar

VS A15 (4) 15M 9/55 I

		OF	HEALTH-BALTIMORE,	18
11052	CERTIFICATE	OF	DEATH	R

11030 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RES		re decease	d lived. If institut b. COUNTY		e before adr	nission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR			rate limits, write I	RURAL and gi	ive nearest to	own)
	t Howard	337 Days		Page	adena			02>	(-2
	AL (If not in haspitat, give s	treet address)	d. STREET		acionia.				RESIDENCE N A FARM?
Vetera	ns Administra	tion Hospital,		River	rsida.	Drive			ONO D
3. NAME OF DECEASED	First	Middle	Lo	ost	4. DATE OF	Mar	nth	Day	Year
(Type or print)	GEORGE	(NMI)	HARTUN	G	DEATH	Novemb	per 2		19 56
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF SIR	ТН		9. AGE (In years last birthday)	IF UNDER 1		NDER 24 HRS.
Male	111110000	DOWED TO DIVORCED	5/1	4/81		75 yrs.	Months	Days Hou	ors Min.
during most of worl	king life, even it refired)	10b. KIND OF BUSINESS OR IND		PLACE (State o	or foreign c	ountry)	12. CITI	ZEN OF WH	IAT COUNTRY?
Cabinet Ma	ker	Furniture Compa		ltimore		ryland	U.	S.A.	
13. FATHER'S NAME			14. MOTHER	S MAIDEN NA	AME				
August Ha				therine	Heli	frich			
	R IN U. S. ARMED FORCES? (If yes, give wor or doles of service)		INFORMANT	TOO THE	1000	Add	lress		
Yes	SPA		lin.Rec.	Vet.Adn	n. Hosp	Ft. Hov	vard, l	Maryla	ind
18. CAUSE OF DEA	ATH [Enter only one cause p	per line for (o), (b), and (c).]						INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PNEUMONIA	TOB ,					1 MO	ND DEATH
U93X	DUE TO							440	41-44-
Conditions, if a	nv. which)		,						
gave rise to i	mmediate (-	
lying cause last,	the <u>under-</u>								
	IER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BL	T NOT RELATED T	O THE TERMIN	IAI DISEAS	E CONDITION GIV	VEN IN PART	1(a) 19 W/	AS AUTOPSY
CIRRHO		VER. NEPHRITIS						PER	REORMED?
20g. ACCIDENT WA		DESCRIBE HOW INJURY OCCURR					DISEAS		NO [
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	OLDANIDE HOW WHOM OCCOM	Lo. (Linux notore	or injury in th		11 01 11011 10.1	MTOTH	20	
20c. TIME OF INJUR Hour a. ft.		1 1	PLACE OF INJURY actory, street, offi			or town)	(Co	ounty)	(Stote)
p. m.		/hile Not while	00.017, 311.001, 0111	to biog., e.c.)					
21. I certify th	at Kattended the dec	ceased from December	7 10 51	to Nor	rambas	2 10 56	ACXIVIVE P	CYYYY	VVXVXXV
		XXXXXX and that deat							
0.000		established mar dear	iii occorred d			reet, city or town,		e dare si	DATE SIGNED
ACTUAL SIGNATURE	T. Papas	tray M.D.	_M.D			rt Howar			DAIL SIGNED
PHYSICIAN'S NAME (Type)	C. J. PAPASTR	ADT. M. D.							
	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	1	224 TOCAT	ION (City, town,	or country		tota)
REMOVAL (Specify)		-		1			14		tate)
23. FUNERALDIRECTOR	S SIGNATURE A	Mount Olivet (emetery			RAR 246. REGI			2
17.19.5	2/espect	1.	au	TUT	REGIST	30 3. KEG	0 3 3101	/	41
Wippert Fr	uneral Homo B	alto. & Monrea :	Distriction of the contract of	DATE		- X	Envis	m/d.	varley
		n ar orning to	3 2240						

IF OF DEATH	CERTIFICATI
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III am a martin (Section of Assessment	Control of the Contro
BUREAU V. S.	of the state to a grant of the state of the
	a contrata de la comi
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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

11031 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Bal	timore	MARYLAND	II O STATE	There deceased lived. If institution b. COUNTY		efare admission)
b. CITY OR TOWN (IF RURAL and give nec Catonsvi		c. LENGTH OF STAY IN 16 2yrlmthllys		outside corporate limits, write fasant, Md.	URAL and give n	iearest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give st	reet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	OVE STATE	HOSPITAL	419 Addis	on Road		YES NO T
3. NAME OF DECEASED (Type or print)	Effie First	Middle Wingate	Hastings	4. DATE Mor OF DEATH NOVEL	ber 15,	Day Year
5. SEX	6. COLOR OR RACE 7.	AARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)		AR IF UNDER 24 HRS.
female	***************************************	OWED DIVORCED	April 8, 1	83yrs.	Months Days	Hours Min.
10o. USUAL OCCUPATION during most of working housewif	ng lite, even if retired)	10b. KIND OF BUSINESS OR INDU	/ 3/7			of WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Stern Wi	ngate		Virg	inia Ford		
	IN U. S. ARMED FORCES? † yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add		antn 17
no	NONE	unknown	Records: SP	RING GROVE ST	TATE HOS	SPITAL
Conditions, if an gave rise to im cause (a), stating the lying cause last.	ER SIGNIFICANT CONDITIO	Arteriosclerot NS CONTRIBUTING TO DEATH BUT TILE PSYCHOSIS DESCRIBE HOW INJURY OCCURRE	NOT RELATED TO THE TERA	WINAL DISEASE CONDITION GIV		19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Hour a. 51. p. m.	Month, Day, Year 20	hile Not while fa work at wark	ACE OF INJURY (Home, far ctary, street, office bldg., et	(c,)	(County	
actual signature Physician's	11	2.56, and that death	accurred at 9:0	ADDRESS (Street, city or town, GROVE STATE	and on the distance) HOSPITAL	date stated above
220. BURIAL, CREMINION SEMBLAL, (Specify) 23. FUNERAL DIRECTORS W. N. CK	1, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF ADDRESS	R CREMATORY	111e 28, Mary 1 22d. LOCATION (City, town, Sear Property 12 BY REGISTRAR 24b. R		(State) URE
		11 11 01 0	TO THE	U 1900	osar	78

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11032

10986 CERTIFICATE OF DEATH

		-AL		1.11110		VI DE/					Reg. D	ist. No.		47
1. PLACE OF DEATH O. COUNTY I TI	more			MARYLAND	2. USI	residence ryland	E (When	re decease		YTHUO			e odmissi	on)
b. CITY OR TOWN (If outside corporate limi	ils, write	c. LENGTH OF		c. (ITY OR TOWN	V (If our	tside corpo	orate limits,	write RL	IRAL and	give nea	rest town	
	utus, Md.			ars		Arbuti	us,	Md.						5
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g				d.	STREET ADDRE	SS						. IS RESI	
	Maiden	Choi	ce Lan	е	M	aiden	Ch	oice	Lan	e-29	9		YES 🗌	
B. NAME OF DECEASED (Type or print)	Els:			Middle M F	last	ings		4. DATE OF DEATH		Mont	h	Doy		ear 9 56
. SEX	6. COLOR OR RACE	7. MARR	NEVER	MARRIED [B. DATE	OF BIRTH			9. AGE (In	veors	IF UNDER	RIYEAR		. 00
Female	White	WIDOWI	ED DIV	VORCED 🔲	Apr	il ll	-18	91	65 birt	hday) yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPATION during most of work HOUSE	ON (Give kind of work king life, even if retired EWITE	dane 10b.	KIND OF BUSIN	IESS OR INDU	STRY 11	BIRTHPLACE (ountry)		12. CI	TIZEN O	F WHAT	COUNTRY
3. FATHER'S NAME					14. M	OTHER'S MAIL						<u> </u>	H. CI.	•
Frederic	k Voller:	5			- 50	Margar	ret	Sch	affer	r				
	R IN U. S. ARMED FOR (If yes, give way or dates of s		SOCIAL SECURI		org	INT				Addre		oice	a Ta	ne
Conditions, if a gove rise to i cause (a), stating lying couse lost.	mmediate ()	CONTRIBUTING	TO DEATH BUT	NOT RE				West E CONDITION		7-2	RT 1(a) 15	. WAS A	UTOPSY
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJ	URY OCCURRE	D. (Enter	nature of injur	ry in Po	rt I or Par	t II of item	18.)			YES 🔲	ио В
20c. TIME OF INJUR Hour a. jr. p. m.	2Y Month, Day, Yes	20d. It While of worl	NJURY OCCURRE Not while k ot work	D 20e. PL	ACE OF ctory, stre	NJURY (Home, let, office bldg	, farm, i., etc.)	20f. (City	or town)		(County)		(State)
21. I certify the alive on	ALDERT	185	7	thot death	M.D.	19.75, to red at 2		M, from	n the co	uses or	,that I nd on t tate)		e stote	
BURIAL CREMATIC	Nov. 24			r CEMETERY O			2		non (City, Leric				(Stote	
FUNERAL DIRECTOR	S SIGNATURE	5646	ADDRESS Carvi	lle A	ve.	240, DATI	11 0	BY REGIST	956	. REGIST	RAR'S SI	GNATUR	In o	Tul

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8 11094
	CERTIFICATE	OF DEATH	TTOOA

			110	E.	CERT	IFICA		OF D	LAIF				Reg. D	ist. No	. 45	
	ACE OF DEATH COUNTY	Baltimor	e	10 2	MAR	YLAND		JSUAL RESIDE	ence (wharyla			institution OUNTY	_	nce befo		tion)
b.	CITY OR TOWN	(If outside corpord negrest town)	ate limits, writ Or	e c, tEN	IGTH OF STAY	IN 1P	c	CITY OR TO			orote limits,	, write Ri	URAL and	give ne	arest tow	n)
d.	NAME OF HOS	PITAL (If not in hos No Whitet))			d. STREET AD		horn	Way					SIDENCE FARM?
DE	AME OF CEASED (pe or print)	John	first Lawre	ences	Middle			Lost		4. DATE OF DEATH	Nove	Mon mber		Do		Yeor 19 56
5. SE)	ale	6. COLOR OR White		ARRIED A	NEVER MARRI			TE OF BIRTH /15/189	8		9. AGE (1 58 bir	n years thday) yrs.	Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
C	luring most of v	ATION (Give kind of vorking life, even if Dept.	wark done 1 retired)		of Business o	OR INDU	STRY		ce (Stole	11-11	country)			S.A		COUNTRY
13. FA	THER'S NAME			-			14.	MOTHER'S	AAIDEN N	AME						
		John Hedd	erman					Unl	cown							
		(If yes, give wor or o	D FORCES?		SECURITY NO		NFOR	MANT		erman	Se	Addr	ess	H		
	181×	DEATH (Enter only DEATH WAS CAUSE IMMEDIATE CA (f ony, which)	D BY:	r line for (o), (b), and (c)	Ha ad	the lel	ic (Zai	u,	ion				ERVAL BE	
	gove rise to casse (o), stati lying couse to PART 11.4	ng the <u>under-</u>	(c)	S CONTRI	BUTING TO DE	ATH BUT	TON	RELATED TO	THE TERMI	NAL DISEAS	SE CONDIT	ION GIV	EN IN PA	RT 1(a)	9. WAS	AUTOPSY
CERTIFICATION	N	WAS UNDERLYING	I ne	ie	- A	20	i	m	<u></u>	-					PERFC	NO 4
	F EITHER, NOT	NG CAUSE OF E	DEATH INER)									10.,				
MEDICAL	Oc. TIME OF IN. Hour o. i p. i	m.	Wh	ile _ N	OCCURRED lat while t work	20e. PL	ACE O	OF INJURY IH street, office	ome, farm, bldg., etc.	20f. (Cit	y or town)			(County)		(State)
C	ilive on	that Lattende	d the dece 56, 19		om, and that	191 death	acc		2257	M, fra		uses a	nd on		te state	deceased ed abave ATE SIGNEI
	CTUAL IGNATURE HYSICIAN'S IAME (Type)	008	EPH	11	116	12-1	, M.D.	7 2 2	sh	y	21	h	d			11313
1	BURIAL, CREMA	11/1	6/56		NAME OF CEM BW Cath					В	alto.		,,		(Stat	e)
23. FL	MERAL DIRECT	or's signature oruzdzin	den	1407	DDRESS	20	-			BY REGIS	TRAR 24	b. REGIS	TRAR'S S	GHATU	RE	las.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11036

11056 CERTIFICATE OF DEATH	No. 43

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carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
carefull legibly.	COUNTY Baltimore MARYLAND	STATE Maryle & COUNTY	(Sept = 1)
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
Hon	OR and give nearest town) (in this place) TOWN Baltimore-rural	TOWN Baltimore-rural	
	HOSPITAL OR	STREET (If rural give location)	
E II	INSTITUTION OR	ADDRESS	P: -01
informa clearly	Got 11 Mount 14 - 1000 March		The 16d.
	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Ohn Heinl	(Last) 4. DATE (Month) (I) OF DEATH: Nov. 2	Ony) (Year) 2 1956
it.	15. SEX: 6. COFOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. Specify: Unit	7,7,00	ays Hours Min.
every causes	work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
20	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7.207-77
Supp te th	Mr. Heinle	Unknown	
FOR INK.	(Yes, no, or unk.) (If Yes, give war or dates of service) 2/7-0/-4/55	Daniel & Heinle St 60.	5 n. Curlen St
0 0 0	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
RESERVE UNFADIN sicians: pl	332 X IMMEDIATE CAUSE (A) Dreve	ho- peneumonia	7 days
SE IF	DUE TO		1000
RE. UN Sicis	ANTECEDENT CAUSE (S)	sele Cerebral	
P	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO		
0 1	STATING UNDERLYING CAUSE LAST.	combored	18 months
MARGIN AINLY, WITH important. Phy	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
LY ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
INL	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
- 4			YES NO
VRITE PL especially	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if Either, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count NJURY OCCUR?	ty) (State)
> m	OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?	
0 0	22. I hereby certify that I attended the deceased from	1953 to //ov 22, 1956, that I last	saw the deceased
四 8	alive on 22 2, 1956, and that death occurred at	940 M, from the causes and on the date	stated above
TYPE rect ag	SIGNATURE ()		re signep
	Jerya say	1. d. Do S. Jaylot and	11/23/56
EASE	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMENT	n n n	county) (State)
PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

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VS A15 (4) 15M 9/55 M

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

11057 CERTIFICATE OF DEATH

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8 110377 Rog. Dist. No.

1.	PLACE OF DEATH	imore		MARYLA		USUAL RESI	Md.	ere deceased	d lived. If in b. CO		: Resider	nce befo	re admiss	ion)
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR	TOWN (If or	utside corpo	rote limits, w	rile RUI	RAL ond	give nec	arest fown)
		erville					Balti	more				31	VOI	-4
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	oddress)		d. STREET A						-	e. IS RES	
4	OR INSTITUTION						7652	Sha dar	side H	24				FARM?
1	NAME OF	Fil	-4	Middle					stae 1					
	DECEASED (Type or print)	WILLIA		P.	HESS	INGER	si	4. DATE OF DEATH		Month	ov.	Do	29, 1	reor 9 56
5.	SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	B. D	ATE OF BIRT	Н		9. AGE (In	yeors I	FUNDER	1 YEAR		
	male	white	WIDOWI	_		July 7,	, 1865		lost birth	doy)	Months	Days	Hours	Min.
1 0	during most or work	ing life, even it retired		KIND OF BUSINESS OR I			LACE (State of	or foreign co	ountry)		12. CI	TIZEN O	F WHAT	COUNTRY?
Q	uartermast	er's Dept.	(Civi	lian) U.S.	Govt	Penr	na.							
13	FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME						
	Theodore	Hessinger				Carol	Line E	ngelk	irk					
	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT	131			Addres	" Wa	shin	gton	,D.C.
1	no	. 702 grid was at date of 7		none	Mrs	. Edwi	in K.	Click	ner -	3426	5 - :	16th	St.	N. W.
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	10	rouly pu	um	· i						ONS	RVAL BE	DEATH
)	Conditions, if an gove rise to im couse (o), stoting to lying couse lost.	he <u>under</u>)	Mixed on)000	ismo								
CERTIFICATION	PART II. OTH	Someh	mita	contributing to DEATH	ly u	ante	THE TERMIN	leros	CONDITION	N GIVEN	N IN PAR	T 1(o) 1	PERFO	NO [
_		CAUSE OF DEATH	20b. DES	CRIBE HÓW MIJURY OCCI	URRED. (E	nter nature o	f injury in P	ort I or Port	If of item 1	8.)				
MEDICAL	20c. TIME OF INJURY Hour a. n. p. m.	Month, Day, Yes	20d. It While of wor	Not while	e. PLACE factory	OF INJURY (, street, office	Home, farm, bldg., etc.)	20f. (City	or town)		(1	County)		(State)
	21. I certify the alive on	ot lyattended the		ed from 3/8, 5 , and that de	eath oc		12.05 B		/ //	ses an	d on t		te state	deceased d above. TE SIGNED
	NAME (Type)											anth-comp dare solve spec a		
22	PEMOVAL (Specify)	1	F	22c. NAME OF CEMETE	RY OR CR	EMATORY		22d. LOCAT	ION (City, to	own, or	county)		(Stote)
-	Burial	1 12/1/56	7	Meadowr	idge	Cem.			dge,					
23	FUNERAL DIRECTOR'S	ichner 9	Sou	ADDRESS	17.1	nd.	240. REC'D	BY/REGIST	RAR 24b.	REGISTI	RAR'S SIG	Ma	e ta	ch.

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

11039

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11050		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNT Baltimore Co. MARYLAND	STAT Maryland Balto	•
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town) DH LTO(4) (in this place)	TOWN	5.5
HOSPITAL OR 1777 Amuskai Rd.	STREET (If rural, give location)	
INSTITUTION OR 1777 Amuskai Rd.	ADDRESS1777 Amuskai Road	
3. NAME OF (First) (Middle)	(Last) 4. DATE 1 Month / 5	(Day) (Year)
(Type or Print) CATHERINE M. HIGGINS	OF LL/17/5	19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last birthday If under 1	l year If under 24 hr
Female White WIDOWED DIVORCED (Specify) Married	1907 49 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Dept. Stores		COUNTRY?
13. FATHER'S NAME	Balto. Md.	
Wilbur Rowe	Unknown	
15 WAS DECEASED EVER IN H.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	Mr. M.H. Higgins-1777 Amusk	ai Rd.
lservice) - ls. MEDICAL CE		al nu.
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1914: " Coringmant	Cerviy	if you
Immediate cause (a) Corcuro (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	. ** ** ** ** ** *** *** **** *** **** ****
stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	0 - ",	20. AUTOPSY?
11/4/52 Guerrous cell Corcinonia		Yes 🗌 No 🖫
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
	10-7 11/17 1007 11-171-1	
22. I hereby certify that I attended the deceased from 2/1/2	, 19.2, to	aw the deceased
alive on	m., from the causes and on the date str	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
6	118 311 11/1	11-1
C. Fordon Straw MD 8312	3 Josh Paver Blog "1/2	. / 3
	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
Burial (Specify) 11/21/56 Cathedra		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
NEG. // / 20 / 36	WIEDEFELD & SON	
	GREENMOUNT AVE & 22ND	

WRITE PLAINLY, WITH UNFADING INK. Supply every tem of information earefully. is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS. A15

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24 hours

HOSPITAL

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The state of the s					
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BOBEVO A° 2°					
BUREAU V. S.				2	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO TO Month Year November 10 19 56 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? N U.S.A. UNKNOWN) Address Clin. Rec. Vets. Admin. Hospital. Ft. Howard. Md. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN TERFORMED? YES NO V (County) (Stote) DATE SIGNED

ADDRESS (Street, city or town, state)

(Stote)

Margrand 24b. REGISTRAR'S SIGNATURE

The second section of the second	HTABO PO BTA	A DISTRICT	
		anarésa.	THE PARTY OF THE P
			- Property
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a ser and the school of		The same of	
	12/25/4	Description of the Second Second	re of
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	i do P. njeki v ota v o a se	10 10 10 10 10 10	PARTY DESCRIPTION OF THE PARTY
		A Spire Charles of the second	
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	າທີ່ດູກທະລາດໄດ້. ວາໃ ນອ ີ. ໄດ້ໄດ້ ກ່າວໄດ້:		
	ວກໃ ນຈ ີ. ທີ່ໄດ້ ກ່າວໄກ ເ		
	ວກໃ ນຈ ີ. ທີ່ໄດ້ ກ່າວໄກ ເ		
	າທີ່ດີ ຂະແຫ້ງກະສິດ. ໂຕ ທີ່ ວກັນອີ. ໄດ້ໄດ້ ກ່າງໄດ້ ຊາງ ເພື່ອເຂົ້າໄດ້ ຄວາມ ກ່າວ ຂະເພື່ອເຂົ້າໄດ້ ຄວາມຄວາ		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

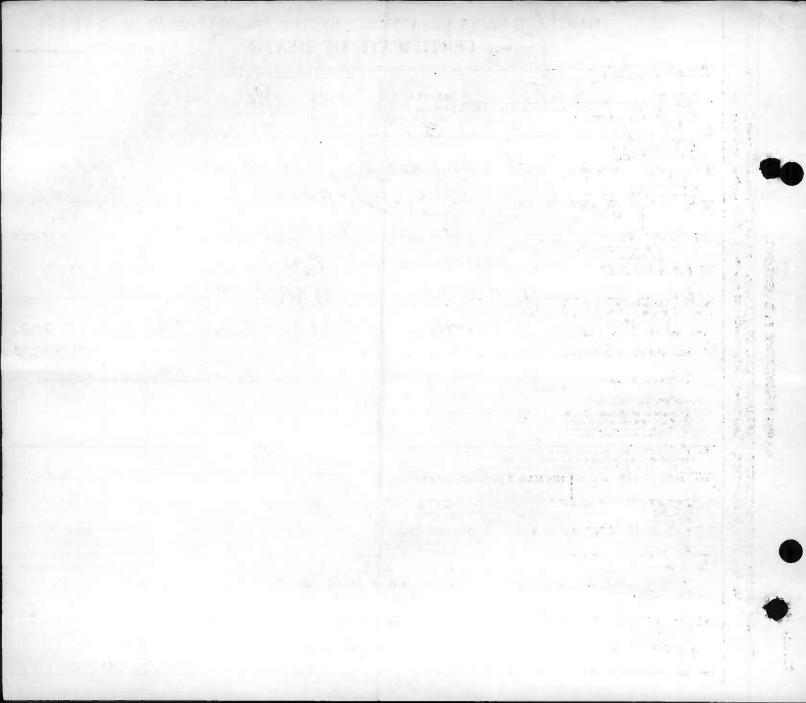
VS. A15

11044 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 10972

Reg.	Dist.	No
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100.2	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTO MARYLAND	STATE MD COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
STOWN DUNDALK 34RS	OR TOWN D 11 ND 41-18 53
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 1922 AUGUST AVE	ADDRESS 1922 AUGUST AVE
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) RENNITT EPIC 41	VIZRARD DEATH: NOV. 3 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BERTH! 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED, DIVORCED, (Specify) ARRIED AUG.	17,1903 53 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of working life, INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even Pretion: FITTER AMERICAN SMELTING	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
CANALE! UDBOADA	ALBERY DIMONILI
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of	INFORMATI & ADDIEDS.
NO service) 212-10-2102C	LARAM, HUBBARD 1923 AUGUST AVE
	ERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
180x Gueralis Me	lastante Blanco Melia. o 1/ma
Immediate cause DUE TO	The state of the s
Antecedent cause(s)	le from her tig
Diseases or conditions, if any, giving rise to the above cause DUE TO	
giving rise to the above cause DUE TO stating underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not	
related to the disense or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	A AVMODAVE
of sold the sold of the	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(DITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?
INJURY M. work at work	7.71
22. I hercby certify that I attended the deceased from.	19 1 to lev 3, 19 La, that I last saw the deceased
17 122	11.45. Am., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE	E) ADDRESS DATE SIGNED
grae Lacing to lin	VEC 1 6 Nat Of 11/3/16
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	
REMOVAL Specify): //O// 6-56 134/70	CFXI F MARTHAUF BALTA, SAD
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. ///5/5/,	Wille Brown 1800 EINMBURD CT
	THE THE THE STATE OF THE STATE



VS A1S (4) 15M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1104
1	11064 CERTIFICATE OF DEATH Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission on STATE b. COUNTY MARYLAND April 1
52	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catchsville c. LENGTH OF STAY IN 1b 2mth 1 dy. Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
14	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITAL d. STREET ADDRESS 3719 W. Garrison ON A I YES
3.	NAME OF First Middle Lost 4. DATE Month Day You (Type or print) Mollie Rebecca Huber Death Nov. 25
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours
100	do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dressmaker 12. CITIZEN OF WHAT (Maryland U. S. A.
13.	John Huber 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (st. no. or unknown) (III yes, give wor or date of service) 216-10-863.2 Records: SPRING CROVE STATE HOSPITAL
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive heart failure
	422./ DUE TO Conditions, if ony, which gove rise to immediate (b) Arteriosclerotic cardiovascuar disease
7	tying couse lost. DUE TO (c)
2 CATION	
L CERTIF	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Not white of work 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram Sept. 25, 19 56, to Nov. 25, 19 56, that I last saw the calive an Nov. 25, 19 56, and that death occurred at 4:30p.M, fram the causes and on the date stated ADDRESS (Street, city or town, state)

e. IS RESIDENCE ON A FARM? YES NO A Day Yeor 56 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. th DeBus HOSPITAL INTERVAL BETWEEN ONSET AND DEATH N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO (County) (Stote) that I last saw the deceased nd on the date stated above HOSPITAL ACTUAL SPRING GROVE STATE rug PHYSICIAN'S NAME (Type) Catonsville 28, Mafyland Stella Wachsler, M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 11/28/56 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Woodlawn Cem Woodlawn 246. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR

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CERTIFICATE OF DEATH

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11065CERTIFICATE OF DEATH

	. 0 0 0 ===============================			Reg. Dist. No. 🦪 🙆
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryla	ore deceased lived. If institution b. COUNTY	n: Residence before odmission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Providence	c. LENGTH OF STAY IN 16		itside corporote limits, write RU	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. street address Providence	Posd	e. IS RESIDENCE ON A FARM? YES NO
Providence Road 3. NAME OF First DECEASED (Type or print) ALEXANDER ISAI	Middle AC WAYNE JACKSO	Last	4. DATE Month	
Male White WIDOW		8. DATE OF BIRTH April 18, 189	9. AGE (In years lost birthday) 62 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	elf Employed	Maryland	r foreign country)	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
A. I. Wayne Jackson			ine Kemp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of unknown) (If yes, give wor or dates of service) WW I	4.4 - A 1150	emily Records	Addre	ess
18. CAUSE OF DEATH [Enter only one couse per limited part I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause lost. DUE TO (c)	putinson tuischosi	rage with right	henipligia	INTERVAL BETWEEN ONSET AND DEATH Syrs Unprom
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH OF ETHERS, NOTIFY MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRED			EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Yeor 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)		(County) (State)
21. I certify that I oftended the decease of the on Nev. 16 . 19.5 ACTUAL SIGNATURE Rolling. H. PHYSICIAN'S Rollin C. H.	ed from. May 6, and that death rayon ludson	, 1952, to 1 accurred of 935 F		that I last saw the deceased and on the date stated above the state of
226. BURIAL CREMATION, REMOVAL (Specify) Burial Nov. 29,1956	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or Towson, Mary)	
23 FUNTERAL DIRECTOR'S SIGNATURE SOME	ADDRESS	on, Mary offed//	BY REGISTRAR 24b. REGIST	Sel C. Hray

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be refo poge 3 and

ined by the hospital ar attending physician.

PIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directar. Id be detached for use as the burial-transit permit. Then please remover-carbon papers. Pages 1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1067	CERTI	FICATE	OF I	DEATH

Reg. Dist. No. 1048

T	o. COUNTY Ba	ltimore		MAR	YLAND	2. USUAL RESIDENCE o. STATE Mary	(Where dece	osed lived. If institut b. COUNTY		e before odn	nission)
	b. CITY OR TOWN (IF	autside carporate limit	s, write	c. LENGTH OF STAT	Y IN 16		(If outside co	rporate limits, write	RURAL ond g	ive nearest to	wn)
	OR INSTITUTION	Memorial				d. STREET ADDRES		ad		ON	ESIDENCE A FARM?
3	NAME OF DECEASED	Fin	t	Middl	_	Last	4. DAT		nth	Day	Year
-	(Type or print)	ROSE	7		G.	JAMES	DEA	NUV	-	1956	
P	Female	6. COLOR OR RACE		AKNOWNVORC		Nov. 14.	1900	9. AGE (In years lost birthdoy) 57 6 yrs	Months	Days Hou	
Te	during most of work Houseke	ing lite, even if retired)	lone 10b.	Home	OR INDUS	TRY 11. BIRTHPLACE (S	31 2534	n country)	12. CITI	ZEN OF WH	AT COUNTRY?
13	. FATHER'S NAME		467			14. MOTHER'S MAID	EN NAME				. 10
L	Unk.					Unk.					
	5. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of H		SOCIAL SECURITY NO	0. 17. 1	Mrs. Cor Douglas	rine Memor	Bolling bur	Matro	on	
	PART I. DEAT				tral	Insuffi e	i ency		į	INTERVAL ONSET AN 22 d	BETWEEN ND DEATH
	gove rise to in couse (a), stating t lying couse lost.			Pneumon	itis	(Virus I	nfect	ion)		IO d	lays
NOTA VISITA	PART II. OTH	ER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DISE	ASE CONDITION GI	VEN IN PART	PER	S AUTOPSY FORMED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRE). (Enter noture of injury	y in Port I or	Port II of item 18.)			
A DICEOUGH	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yeo	While of work	Not while of work		ACE OF INJURY (Home, story, street, office bldg.		City or town)	(C	ounty)	(Stote)
	21. I certify the alive anII. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the -I5-56 C.F.Mala	lo	ney_	t death	occurred at II	30M, fi	-56, 19 can the causes i (Street, city or town ane, Bal	and on th	ne date sta	
	20. BURIAL, CREMATION REMOVAL (Specify) BURIAL	Nov. 17	156	Mt. Au	METERY O	R CREMATORY		CATION (City, town, altimore	,,	vland	ote)
2:	3. FUNERAL PURCHORY	SUGNATURE TO	id	abdoress 19	om of	ane N DATE	REC'D BY REC		ISTRAR'S SIG		

	MARYLAND STATE DEPARTM
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VS A15 (4) 15M 9/55

11068 **CERTIFICATE OF DEATH**

Reg. Dist. No.

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	PLACE OF DEATH o. COUNTY Baltim			MARYL	AND	2. USUAL RESIDEN STATE Maryland	CE (Who	ere decease	d lived. If institut b. COUNTY		nce before	e admissi	on)
	b. CITY OR TOWN (III RURAL and give ne	foutside corporate limitorest town)	ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOW	VN (If o	utside corpo	prote limits, write	RURAL ond	give near	rest town)	
	Fort H	oward		294 Days		Baltimo					3 v	01	-4-
_	OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDI					•	. IS RESI	
-		dministrat:	ion H	lospital		5503 Bel	Lair	Road				YES	NO 🔽
	NAME OF DECEASED (Type or print)	FRANK		Middle J.		ASPER Lost		4. DATE OF DEATH	Novembe:		27		9 56
_	SEX		7. MARE	RIED NEVER MARRIE	B 🔲 8	DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER Months			
_	Male	White	WIDOWI			January 1		1889	67 yrs.	Months	Days	Hours	Min.
V	Varehousem	ing life even if retired)	KIND OF BUSINESS OF	NDUST	Baltimo					S.		COUNTRY
	FATHER'S NAME					14. MOTHER'S MA	IDEN N	AME					
1	Frank Jasp	er				Wilhelmi	ina	Goell	er				
5. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO.	17. IN	ORMANT			Ado	ress			
7	es (WVI	2	15-22-6692	Cli	nical Rec	cord	s, Vet	.Adm. Hos	oital,	Ft.F	lowar	d.Md
	PART I. DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), ond (c).] CARCINOMA O		e indigit in	NG W	TTH M	ETASTASI	s to	INTER	RVAL BET	WEEN
	163X	XXXXXXX	1	THE CHEST W	ALL						8	MON	THS
	Conditions, if ar gove rise to in couse (o), stating I lying couse lost.	he under-)										
CERTIFICATION	1.Diabete	er significant con s mellitus n, left. A	- Gar	contributing to pea eneralized agrene of the	arte ne r	or RELATED TO THE CLOSCLE TO Light big	SIS.	NALDISEAS	CONDITION GI	VEN IN PAR	T 1(o) 19	PERFOR	UTOPSY MED? NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		CRISE HOW INJURY OC									11
MEDICAL	20c. TIME OF INJURY Hour a. p., p. m.	Month, Day, Yes	20d. It While of worl	Not while		E OF INJURY (Homory, street, office bld			or lown)	(0	County)		(Stote)
	ativacocococ			ed from Februa	death (occurred at 1	1:15	DM, from	n the causes of treet, city or town,	and on the		e state	
	ACTUAL SIGNATUREPHYSICIAN'S NAME (Type)	C. J. PAP	STRA	T, M.D.	M	o. VAH, F	DRT	HOWAR	D, MARYL	AND		11,	/28/5
720	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	12-1-	56	22c. NAME OF CEMEN Oak Lawn					ion (City, town,		nd	(Stote)
_]	NAME (Type)	12-1-	56 H	22c. NAME OF CEME	Ceme	etery 24	. REC'D	Balt	imore, M	arylar		TURI	(State

CERTIFICATE OF DEATH 9961 & 941

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HOSPITAL

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with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Q. STATE b. COUNTY MARYLAND Maryland Baltimore Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) Ruxton Ruxton d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1100 Boyce Ave. Lutheran Deaconess Home YES NO Sonhia NAME OF Middle 4. DATE Lost Manth Year DECEASED JEPS ON November 30 56 (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths Days Haurs Nov: 1861 WIDOWED TO DIVORCED [Female White YES 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA. Lutheran Home Denmark Deaconess 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Nielsen Jens Sorrensen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1100 Boyce Records Lutheran Home No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (a) RCUSION dair 420,1 DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO catse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗀 NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year (County) (State) factory, street, affice bldg., etc.) a. m. While Not while 19 at wark at work p. m. 192 4. that I last saw the deceased 21. I certify that I attended the deceased fram. death accurred at 10 alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Buria Lorraine Park Cemetery Woodlawn Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 1300 1SM 9/S5

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FICA	ATE OF DEATH	1		Reg. Dis	t. No.	. 39				
AND	2. USUAL RESIDENCE (Who o. STATE Md.	ere decease	d lived. If institution b. COUNTY	Bal			ion)			
N 16										
	Sweet Air, Balto. Co., Md.									
	d. STREET ADDRESS					e. IS RES	IDENCE /			
	Sweet Air	?					NO 🗆			
	Last	4. DATE OF	Mon	th	Do	ly '	Yeor			
a	Jessop	DEATH	Nov	•	20)	19 56			
	B. DATE OF BIRTH	4-111	9. AGE (In years lost birthdoy)	Months			-			
	July 4, 1898	3	58 yrs.	Months	Days	Hours	Min.			
RINDUS	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITI	ZEN O	F WHAT	COUNTRY?			
	Balto.	Md.		T	J.S	.A.				
	14. MOTHER'S MAIDEN N									
	Lotta Cur	ming	ham							
	NFORMANT		Addr	ess						
St	tewart M. Je	ssop		Same						
tes	ie Hear	17	aile	ire	INTE	RVAL BE	DEATH			
us	ive Cara	liou	ascerla	1 Dis		10.0	13.			
TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 1	9. WAS / PERFO YES []	AUTOPSY RMED? NO			
CURRE	D. (Enter noture of injury in P	ort I or Por	t II of item 1B.)		2		2013			
20e. PL/ fac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City	or town)	(Co	ounty)	B	(Stote)			
11	19.57, ta N	0 V. 2	9 , 1936	that I le	ast so	w the	decenser			
death			n the causes a							
11	. 117		PRA		2		TE SIGNED			
H	UDSON									
TERY OF	R CREMATORY	22d. LOCA	TION (City, town, o	r county)		(Stote				
Gro		Swe		Balt			. Md			
	44 / 4	BY REGIST	RAR 24b. REGIS	TRAR'S SIGI	NATUR	E	0			
05	GarkRa DATE !!	-23-5	6 Clisa	hetle	100	rsuc	the.			

VS A15 (4) 15M 9/55

Compensation Heart for class Mystertin velleraturasida Dis 3991 67 NOV

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(Day)

COUNTRY?

(Year)

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

(State)

(County)

24. FUNERAL DIRECTOR

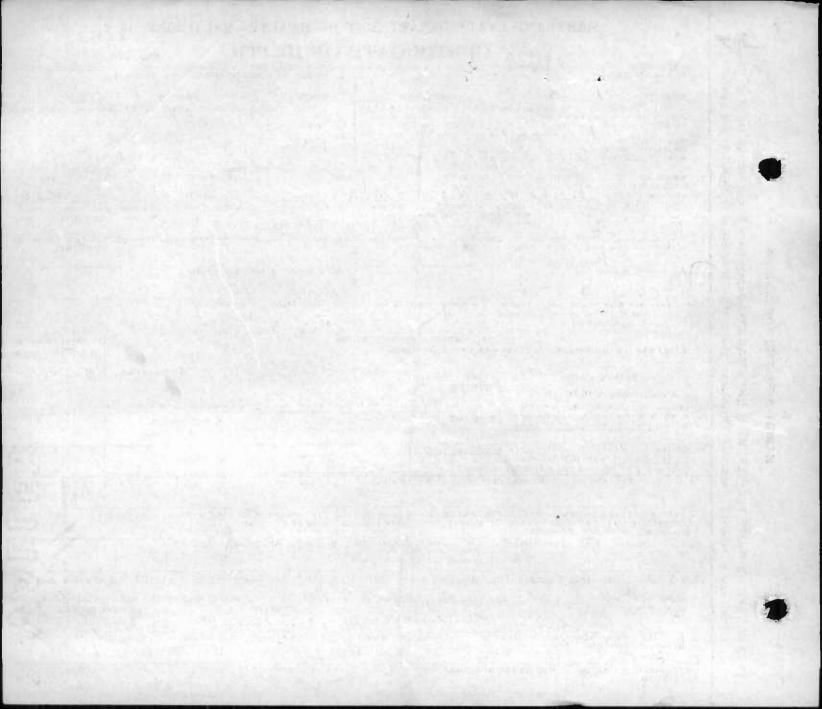
DATE SIGNED

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DATE REC'D BY LOCAL

REGISTRAR

REGISTRAR'S



22d. LOCATION (City, town, or county)

Towson.

240 REC'D BY REGISTRAR

Maryland

24b. REGISTRAR'S SIGNATURE

(Stote)

22c. NAME OF CEMETERY OR CREMATORY

Pleasant Rest

I director.

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ploods

1 PLACE OF DEATH

OR INSTITUTION

o. COUNTY

NAME OF

Male

13. FATHER'S NAME

Hour a. fi.

ACTUAL

220. BURIAL, CREMATION,

p. m.

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VS A15 (4) 15M 9/55

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Then	Then please remark carbon papers.	гетам	carbo	d uc	apers.	. Pages 1	98 J		2 3	hayld	be	2 shayld be filed with	ith.	
vent	vent within 72, haurs ofter death	2. haurs	ofter	dec	ıth.			D			1	>		

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MAPTIANII	VIAIR DEPARTMENT	OF HEALTH—BALTIMORE,	ı x
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T4 0	10:1 0000 10 10 TA		
I T.em y	FilmG208 12-12-56	er.	
- 0 CA15 /		22	

CERTIFICATE OF DEATH

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Reg. Dist. No.

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	1	107	CERTI	FICA	IE OF DEAT	П		Reg. D	ist. No.		20
	Baltimore	100	MARY	11	2. USUAL RESIDENCE (W a. STATE Md		b. COUNTY		30	Pla	
	If outside corporate limits parest town)		c. LENGTH OF STAY	IN 1b	CCITY OR TOWN (IF	outside corpo	orate limits, write R	URAL and	give nea	rest town	53
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	14	sad		dures Appress Arrai	n Road					IDENCE FARM? /
NAME OF DECEASED (Type or print)	Clarence		Middle	(ann	Last	4. DATE OF DEATH	Mor		Do /56		Year
sex male	white	WIDOWED		• 🗆	DATE OF BIRTH July 7 1883		9. AGE (In years lost birthday)	Months	Days	Hours	Min.
Rail road	ON (Give kind of work di king life, even if retired) Fingineer r		IND OF BUSINESS O	R INDUST	Maryland		ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
	sreal S Kap					Cather:	ine Smith				
5. WAS DECEASED EVI Yes, no. or unknown)	ER IN U. S. ARMED FORC (If yes, give war ar dates of se		OCIAL SECURITY NO	C R	aymond Kapp	1122	Arran Ros	ď			
Conditions, if a gave rise to cose (a), stating lying cause last.	the under-	(Arten	isc.	lerosis	lur			7,	et and	nth
5	HER SIGNIFICANT COND	ITIONS <u>CC</u>	NTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO YES	RMED?
	MEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Port I or Par	t II of item 1B.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year	20d. IN. While of work	Not while at work		E OF INJURY (Home, far ry, street, office bldg., et		or town)	4.	(County)		(State)
21. I certify the alive on	hat I attended the	deceased, 19	d from. Of	death o	occurred at $\sqrt{30}$	T_M, from	n the couses of treet, city or town,	nd on t		te stote	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	T. F. PALI	M15,	ANO 1	4.D.	0. 6014 Bal	timo	Raven e 12,	· B.	led.	/	1/29/
20. BURIAL, CREMATIC REMOVAL (Specify burial 3. FUNERAL DIRECTOR	Nov 30/56		22c. NAME OF CEMI		ery	Ba	TION (City, town, o ltimore (20		(State	•)
	neral Home 4	210 F	ADDRESS Belair Road	đ	DATE /	D BY REGIST	1956 246. REGIT	TALL	GNATUR	W.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1S. (Yes

MEDICAL CERTIFICATION

MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMO	PRE, 18 11057
11076 CERTIFIC	CATE OF DEATH	Reg. Dist. No. 30
COUNTY Bulling MARYLAN	2. USUAL RESIDENCE (Where deceased lived. 1 o. STATE b. (f institution: Residence before admission) COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		i, write RURAL and give nearest town)
OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
IAME OF CHARLE Middle (Speed or print)	Kendall 4. DATE OF DEATH	Month Day Year 1956
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	3-8-1870 86	In yeors rithdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OUSEWIFE ATHER'S NAME	Canada 14. MOTHER'S MAIDEN, NAME	12. CITIZEN OF WHAT COUNTRY
VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7 INFORMANT	Marjorie Martin
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Walt failure	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a), stoling the under-lying couse last.	relie beaut dinea	te 3 years
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	seur - They chook	PERFORMED? YES NO 1
200. ACCIDENT WAS UNDERLYING 2016. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port 1 or Part II of iter	n 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e While Not while of work 0 twork 19	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from MCLL ? alive an 1956, and that de	ath accurred at 17 P.M. from the co	19 S. Athat I last saw the deceased auses and an the date stated above or town, stolet

Parkwood Cemetery

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Buria 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Baltimore

(Stote)

11-21-56 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Cook, Inc., 1217 St. Paul Street

24g. REC'D BY REGISTRAR DATE /1-21-56

24b. REGISTRAR'S SIGNATURE Harry

VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

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7 18		ALACE OF DEATH O STATE O STA	idence before admission) 4 1. Timore
1	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMBRE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nd give nearest town)
00	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1014 SUMTER	e. IS RESIDENC ON A FARM YES \(\) NO \(\)
	1	NAME OF DECEASED Type or print) First Middle Kerr 4. DATE Month OF DEATH //	Doy Year 8 195 C
	5. 5	WIDOWED DIVORCED MAY 21-1940 16 yrs. Months	
1	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) High-School MD.	ITIZEN OF WHAT COUNT
I)	13.	FATHER'S MAME JOHN D. KERR BRAUCHMEVER BRAUCHMEVER	
0		WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address Address	4 Me)
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RANSECTION C) Torso - Multiple	INTERVAL BETWEEN ONSET AND DEATH
V		Canditions, if any, which agree to immediate course (b) Crushing INJURIE - Struck	INSTANTAN
		cause last. (c) by TRAIN	
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	ART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
	CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)	
0.3	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) (Company) And While of work of RP 1952 of work of RP	County) (State
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquided the resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined cause	
- 0		ACTUAL SIGNATURE Jack C Collins M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
		EXAMINER'S JACK & COlliNS ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	11-8-52
9	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)) (State)

WEARYLAND STATE DEPARTMENT OF MEALTH-BALLIMORE, TO WEALTHOUGH DEATH OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

AND WELL AND THE PROPERTY OF T

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH SALITMORE, 18. 11 1991 BUREAU V. S. 1475 (A) T T T A A Company of the last

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e. IS RESIDENCE ON A FARM?

YES NO D

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NOT

(County)

(State)

DATE SIGNED

(State)

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Day

CERTIFICATE OF SHATH

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by the funeral directar, 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

TO FUNCE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3. July be detached for use as the burial-transit permit. Then please remove Carbon papers. Pages the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH				Vhere deceased lived. If insti	tution: Residence	e before admission)
O. COUNTY B	ALTIMOR	E MARYLAND	o. STATE	b. COUN	TY BA	LTIMORE
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, wri	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, writ	e RURAL and gi	ive nearest town)
	SVILLE	4 years	MON	KTON		×
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give str	eet address)	d. STREET ADDRESS	no o o	7 -1	e. IS RESIDENCE
SPRIN	9 9ROVE G	T. HOSP	Ola"	Horby B	a d	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	last	4. DATE A	Month /	Day Yeor
(Type or print)	MAR	Y CATHERIN	VE KIRBY	DEATH	11 (26 1956
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthdo)	,	YEAR IF UNDER 24 HRS.
	WIDO	OWED DIVORCED	12/21/1	887 68	yrs. Months [Days Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done liking life, even if relired)	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZ	ZEN OF WHAT COUNTRY
HOUSEKER		~	MARY	LAND	-	1.5.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	11111111	
WIL	LIAM K	IRBY	AWWA	KIRBY		
	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	A	Address	
no		unknown	HOSTITAL-	RECORDS		
PART I. DEA 422, / Conditions, if o gove rise to i cotse (o), stoling lying couse lost.	mmediate the under- (c)	Chronic obliter Infarctive myor Arterioscleroe	cardial fibro	sis cular disease	GIVEN IN PART	PERFORMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port 1 or Port 11 of item 18.)		YES NO
20c. TIME OF INJUR Hour o. m. p. m.	w	d. INJURY OCCURRED 20e. Phile Not while work 1 of work 1	LACE OF INJURY (Home, for octory, street, office bldg., e	m, 20f. (City or town) tc.)	(Co	ounty) (Slote)
21. I certify the alive on NC ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO	Jsadore Tu Superinten	erk, M. D.	h occurred at 922 M.D. SPRING Catonsy	PM, from the couse: ADDRESS (Street, city or tow GROVE STATE ille 28, Mary	s and an the wn, stote) HOSPIT	e date stated abave DATE SIGNEE PAL 11-27-56
220. BURIAL, CREMATIO REMOVAL (Specify) Childel 23. FUNERAL DIRECTOR	11-79-54	22c. NAME OF CEMETERY	res.	22d. LOCATION (City) for MADULE CO BY REGISTRAR 24b. RE	Officer county)	(Stote)
I Less	tt Browles	Storely.	DATE /		E. Har	ry

BUREAU V. S. 3961 08 NON

death.

hours ofter

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within

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9561 71 AO:

MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any foch, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer of Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you stook 3 should he used as a build be used as a build be used as a build be used.

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11084 CERTIFICATE OF DEATH

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DATE

Dawson L. Farley

		U.C.				* //		Reg. D	ist. No		/ 7
1. PLACE OF DEATH					2. USUAL RESIDENCE (W	Vhere deceased		on: Reside	nce befo	re odmis	sion)
a. COUNIT	Baltimor	е	MAR	YLAND	o. STATE	ryland	b. COUNTY		6		
b. CITY OR TOWN	If outside corporate lim	its, write	c. LENGTH OF STA		c. CITY OR TOWN (IF	-	rate limits, write R	URAL and	give ne	arest tow	n)
RURAL and give n			66 Days	5	Bal	ltimore	2.2				5
	TAL (If not in haspital,	give street	address)		d. STREET ADDRESS						A FARM?
Veteran	s Administr	atio	n Hospital		691	l Railw	ay Avenu	8		YES [K ON [
3. NAME OF DECEASED	Fi		Middl	(Also	: KOMISAR)	4. DATE OF	Mon		Do	зу	Year
(Type or print)		NDRA!			KOMIZAR	DEATH	Novemb		29	I to take	1956
5. SEX	6. COLOR OR RACE		NEVER MARK	-	DATE OF BIRTH		9. AGE (In years last birthday)	Months	Doys	Hours	ER 24 HPS.
Male	White	WIDOW	t-mad		3/10/95		61 yrs.				
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (Stot	e or foreign co	ountry)	12. C	TIZEN C	OF WHA	COUNTRY
Sheet Me	tal Work		Beth. Stee	1 Co.	Russia			Į	J.S.	A?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Nicholi	Komizar				Taklia M	V: Unkn	nown				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. INF	ORMANT		Addi	ress			
Yes	WW-T	2	13 09 376/	CLT	N.REC.VET.AL	OM. HOSE	FT.HOW	ARD.	MAR	YLAN	0
	ATH [Enter only one co	use per li	ne for (a), (b), and (c						LINT	ERVAL BI	ETWEEN
	ATH WAS CAUSED BY:	OR	RCINOMA OF		HACHS				ON	NKNO	DEATH WN
150x	IMMEDIATE CAUSE (c	Annual Control of the	MOTIVOTA CI	LOCI	MAGOD				-	111210	4124
Conditions, if											
gave rise to	immediate							-	-		
couse (o), stoting	the under-										
lying couse lost.	.) (c		-ON CONTRIBUTION OF TO DE	FATURITA	OT BELLTED TO THE TEN					0 14/4	ALITO BOW
PART II. OT	HER SIGNIFICANT CON	IDITIONS C	ON IKIBUTING TO DI	FAIH BUIN	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(0)	PERFC	DRMED?
<u>5</u>										YES _	NO DE
OR CONTRIBUTION	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	n Port I or Port	t II of item 1B.)				
	MEDICAL EXAMINER)					19 CS					
20c. TIME OF INJUI Hour o. n.		or 20d. II While	NJURY OCCURRED Not while		E OF INJURY (Home, far ry, street, affice bldg., e		ar town)	1977)	(County)		(Stole)
p. m.	19	at wor		-			1 Same				
21. I certify t	hat X affended the	deceas	ed fram_Sent	ember	24 19 56, to No	ovember	29. 1956	Thek	TOXIX	W YHE	decease
alive wit yyyy			*		occurred at 1: 30						
3 63 63 63 63 63	N.						treet, city or town,				ATE SIGNED
ACTUAL SIGNATURE	trancis	9.	Dicker	M.	D. VAH, F	Fort Ho	ward, Ma	rylar	d	_11,	/30/56
PHYSICIAN'S NAME (Type)	FRANCIS G.	DICKE	EY, M.D.,C	hief,	Medical Ser	vice					
220. BURIAL, CREMATIC)F	22c. NAME OF CEA	METERY OR	CREMATORY	22d. LOCAT	TION (City, town	or county)	-	(Sto	te)
REMOVAL (Specify	DEC 3	1950	Hall your	RINI	TY CEM.	D. 24	inore, M	aryla	and		40.
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		240. REC	C'D BY REGIST	RAR 24b. REGIS	STRAR'S S	GNATU	RE	10 1

2 should be filled TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pa may be retained by the haspital or attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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Brothers, Inc. 1800 E. Lombard, Balto, Md.

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VS A15 (4) 15M 9/55 11066

		1	108	5 CERT	IFIC/	ATE OF DEATH			Reg. Dist	No. 4	4
1.	PLACE OF DEATH o. COUNTY Baltin	more		MAR	YLAND	2. USUAL RESIDENCE (Who a. STATE Maryland	ere deceased				-
	b. CITY OR TOWN (IF		ts, write	c. LENGTH OF STAY	202	c. CITY OR TOWN (If or Baltimore	utside carpoi	rate limits, write RU	RAL and give	ve nearest	town)
	d. NAME OF HOSPITA	AL (If not in haspital, o	ive street	address)	40 11.	d. STREET ADDRESS				10.15	RESIDENCE
V	eterans Ad	ministrati	on Ho	spital		1828 Alice	Anne	Street		0	N A FARM?
3.	NAME OF DECEASED (Al	so: WIKTON VICTOR	"S.&I	VIKTON CHAT	I) KI	ULIKOSKI ULIKOSKI	4. DATE OF DEATH	Novembe		Doy	Yeor 19 56
	le	6. COLOR OR RACE White	7. MARS	NEVER MARR		B. DATE OF BIRTH 1/8/94					INDER 24 HRS.
_	. USUAL OCCUPATION	N (Give kind of wark	dane 10b.	(ALM)	Lund	STRY 11. BIRTHPLACE (State of	or foreign co		12. CITIZ	EN OF W	HAT COUNTRY?
	hoe Maker	ng life, even if retired	S	hoe Repair		Lubin, Pol			U.	S. A	l.
13.	Leo Kul	ikoski				Stella	AME				
15. (Y∈	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. 1	NFORMANT		Addre	55	9000	
	Yes	WW I		217-01-918	2	Clin.Rec., Vet.	Adm.	Hosp., F	t. Ho	ward,	Md.
		H [Enter only one co								INTERVA ONSET, A	L BETWEEN NO DEATH
	491X	H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	BRUI	CHOPNEUMO	NLA					Z VV	LEND
	Canditions, If any gove rise to Im couse (o), stoting the lying couse lost.	y, which (b) (b) DUE TO									
CERTIFICATION	2. Stone	in common	bile	duct.3.Ar	teri	NOT RELATED TO THE TERMINOSCLE TO THE DESCRIPTION OF PROPERTY OF P	rt di	sease	N IN PART		AS AUTOPSY ERFORMED?
	OR CONTRIBUTING [MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Hour a. jr. p. m.	Month, Day, Yes	20d. It White at work	Nat while at work	20e. PL	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)
	ACTUAL SIGNATURE		XXIX	A XXX and that		M.D. VAH, FO	M, from		nd on the	e date si	
220	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREO	-56	22c NAME OF CEM Baltim		R CREMATORY National		ION (City, tawn, or		100	(State)
23,	FUNERAL DIRECTOR'S Wm. Cook-B	SIGNATURE CONTROL SIGNATURE	Fal	ADDRESS Home, Inc.		24o. REC'D	BY REGISTI	RAR 24b. REGIST		NATURE	Farles

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	See a sir green block feed	A. H. Will (1975)	The collection of the collecti	Tandah ang S. S. ang S. S.
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EVN A. C.	The state of the s	ALITAC PORT (PUT) THE TOTAL COLUMN TO THE COLUMN T		To the same of the

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11086

CERTIFICATE OF DEATH

Reg.	Dist.	No

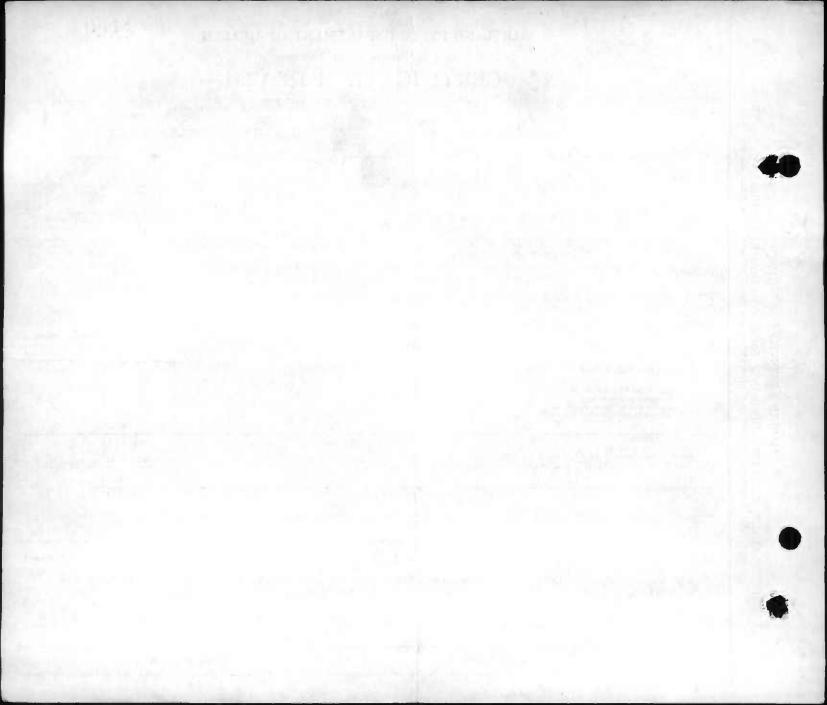
11000	Kog. Dist. 110	*****************
1. PLACE OF DEATH- COUNTY Salt Work MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Charles and the second of the
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN I OF RURAL and LENGTH OF STAY (in this place)	OR DALTIMORE Co.	nearest town)
HOSPITAL OR INSTITUTION OR 2111 Valethon Road	STREET ADDRESS 2111 VALE THORN RO	d
(1) po or rittle) y y	ander DEATH Nov 1	(Day) (Year) P 19 5
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Or 1 2 C	12 1-108 1 14 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired) INDUSTRY	CRISFIELD-Md CO	CITIZEN OF WHAT
13. FATHER'S NAME JOHN LAN'dON	14. MOTHER'S MAIDEN NAME Thomps.8	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of 2/8-01-23844)	MRS. CARRIC LANDON. 2111 VALE	thorn Rd
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420./ Immediate cause (a)	ocardial Infanction	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last	ary Arteriosclerosis	10 yrs.
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, Jarm, Jactory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19, that I last sav	w the deceased
alive on, 1956, and that death occurred at (Degree or title)	ADDRESS from the causes and on the date state	ed above.
Land a. Levy MD. 438	& Eastern Blid Nor 1	8 1956
BURIAL (Specify) 11-21-1986 Meadow Ridge	ERY OR CREMATORY LOCATION (City, town, or county) Men PARIS WAShington Blud	1- mac
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/20/56	Thomas Ji Kenny INC-16001	ADDRESS (LIINS 5:
JCL	BALTO -	mq

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

T.3 CERTIFICATE OF DEATH

BUREAU V. S.

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REMOVAL (Specify)

23 FUNERAL DIRECTOR'S STGNATURE

10 ADDRESS

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18 11	069
	11087 CERTIFICATE OF DEATH	Reg. Dist. N	lo. 41
	1. PLACE OF DEATH O. COUNTY Baltimore Maryland 2. USUAL RESIDENCE (Where deceased lived. If O. STATE Maryland b. C	institution: Residence becomes the country Balti	efare admission)
X	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ROSEDALE 34 4RS. C. CITY OR TOWN (If outside corporate limits, Write RURAL and give nearest town) ROSEDALE 34 4RS.	write RURAL and give r	nearest town)
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1017 Rosep4le Ave. 1017 Rosep4le	Ave	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Joseph Jacob Middle LEVY Last OF DEATH NO	dV. 6	Day Year 1956
	S. SEX 6. COLOR of RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1881 9. AGE (I) 1911	thday) Honths Day	AR IF UNDER 24 HRS. s Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) October 11 Birthplace (State or foreign country) Distillery Co. Baltimore, M	1 1 0	OF WHAT COUNTRY?
	13. FATHER'S NAME Vaclau Levy 14. MOTHER'S MAIDEN NAME		
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or yokgown) (If yes, give wor or dates of service) a 6-09-0666) 08-phme Levy 1017	ROSEDA	le Ave.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion	0	NTERVAL BETWEEN
	Canditions, if any, which gave rise to immediate cose (o), stating the underlying cause last. DUE TO Arterioscleratic Heart Disease DUE TO		5 years
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NOTE:
		18.)	
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED, While Not while at work at work at work 19 20d. INJURY OCCURRED, foctory, street, office bldg., etc.)	(Count	y) (Stote)
	21. I certify that I attended the deceased fram June , 19 54, to Nov. 6, alive on Nov. 6,, 19 56, and that death occurred at 8 2 1/2 / P.M., from the control of ADDRESS (Street, city of ACTUAL SIGNATURE A. M.D. 8019 Philadelphi	or town, state)	saw the deceased date stated abave. DATE SIGNED Nov. 7, 195
	PHYSICIAN'S NAME (Type) James R. Mason, M. D. Baltimore 6,	Maryland	
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY BREMOVAL (Specify) NOV. 10, 1956 HOLY REGERMER Batt	town, or county)	(State)

24a. REC'D BY REGISTRAR

DATE/lov.

24b. REGISTRAR'S SIGNATURE Edith Hurley

00 X VOV:

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, I	8

11088 CERTIFICATE OF DEATH

8 1107038 Reg. Dist. No.

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1.	PLACE OF DEATH a. COUNTY	Balte	in o	maryland	2. USUAL RESID	Mid Wher		If institution: Resider	ce before o	dmission)
	b. CITY OR TOWN RURAL and give	11/17		c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If out	7 . *	s, write RURAL ond	give nearest	lawn)
-	A NAME OF HOSE	PITAL (If not in hospital, g	(high	nddrau)	d. STREET A	J Col	(au a	ne - 7		DECIDENCE
1	OR INSTITUTION	malve		ave	1005	ni c	rlvern	ane		RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	JAIN	et	Gordo Cordo	N LEW		OF DEATH	Month //	Day	Year 1956
5.	SEX 7	6. COLOR OR RACE	7. MARR	DIVORCED	B. DATE OF BIRTH	119	9. AGE lost b	(In years IF UNDER inthday) Manths		JNDER 24 HRS. Durs Min.
100	during most of wo	TON (Give kind of work orking life, even if retired)	lone 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State or	foreign country)		TIZEN OF W	HAT COUNTRY?
13.	ST COL	bert It	eix	tel	14 MOTHER'S	rett	Gordo	ne An	mili	
15.	WAS DECEASED EV	/ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	The Her	nyo	Lewin	Address	me	
	1	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		ne for (o), (b), and (c))	arcin	oma	of C	olon		AND DEATH
	Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO								
CATION	PART II. O			ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINA	AL DISEASE CONDI	TION GIVEN IN PAR	PI	VAS AUTOPSY ERFORMED?
CERTIF	20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in Par	rt I or Part II of iter	m 18.)		
MEDICAL	20c. TIME OF INJU Hour a, p. p. m	10	While at work	_ Not while _	LACE OF INJURY (Hoctory, street, affice	lome, farm, bldg., etc.)	20f. (City or town)	(1	County)	(State)
	21. I certify alive an	that attended the	decease 12.5		, 19 <u>50</u> h accurred at_		M, from the co	1956that I auses and an t or town, state)		
	ACTUAL SIGNATURE	(A.M(cc	ra	y Jisher	M.D	8 8.	Cagar	At.	11/	9/56
L	PHYSICIAN'S NAME (Type)	ANur	ray	i tisher	-	ſ.	Salte	wore	. 2	. Mid
1	BUNGEL (Specif	- 1100 12	956	TREEN	nount	_ 2	2d. LOCATION (CIT	U: Me	el.	(State)
23.	FUNERAL DIRECTO	MS SIGNATURE	6	4905 Vork	2 N/ 1	24a. REC'D I	BY REGISTRAR 2	4b. REGISTRAR'S SIG	SHATURE LEVEL	Grayos

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		Orthon Colescon Colesco
BUREAU V. S.		
NON		of Lexical and Secreto Coult Office 1. (2) 23-31 pe entire
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WISI WIELD	The section of the best to be the	

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10974 CERTIFICATE OF DEATH

11071/ Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE MARYLAND	b. COUNTY	Residence before admission)
b. CITY OR TOWN RURAL and give	(If outside corporale limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		(AL and give nearest town)
DUA	DALK	YEARS	DUNDALK		53
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give stree N	address)	d. STREET ADDRESS 3426 2007	TH RD.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF		<u> </u>	MIDDLE 4. DA	76 14 4	
DECEASED (Type or print)	LEWIS	MITTI	IE JENKINS OF		Day Year 23 1956
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH /-7-1870		FUNDER 1 YEAR IF UNDER 24 HRS. Wonths Days Hours Min.
during most of wo	FION (Give kind of work done 10th orking life, even if retired)	. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign VIRGINIA	an country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	E JENKIN	S	14. MOTHER'S MAIDEN NAME MARY	CRAWFORD	
15. WAS DECEASED EN	VER IN U. S. ARMED FORCES?		INFORMANT RS. FLOSSY BROOKS (DAUGHTER)	3426 26 20	
	ony, which immediate g the under-	EREBROVITSCU	PRIERIOSCLERUTIC		THE RESERVE AND A SAME THE PARTY OF THE PART
CATIC		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING 20b. DE IG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port 1 or	Part II of item 1B.)	
20c. TIME OF INJU	. Whil		LACE OF INJURY (Home, farm, 20f. octory, street, office bldg., etc.)	(City or town)	(County) (State)
21. I certify alive on	1000		h accurred at 3:00 A M, f ADDRES DR. W.	ram the causes and s (Street, city or town, sta E. BAERMAN	ole) DATE SIGNED
PHYSICIAN'S NAME (Type)				NDALK AVENUE K 22, MARYLAI	
	ION, 226. DATE THEREOF	MORELAN		CATION (City, town, or C	
23. FUNERAL DIRECTO	Derefee Bude	ADDRESS Levelals	L MI DATE DATE	GISTRAR 246. REGISTR	RAR'S SIGNATURE RELLES

CENTRICATE OF DEATH

BUREAU V. S.

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VS A15 (4) 15M 9/55

11072 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11089 **CERTIFICATE OF DEATH**

Reg. Dist. No.

PLACE OF DE COUNTY	ATH				2. USUAL RESIDENCE	E (Where dece			ice before o	admission)
	Baltimore		MAR	YLAND		ryland	b. COUN	TY	17	4 /
b. CITY OR TO	OWN (If outside corporate limi give negrest town)	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOW	N (If outside co	orporate limits, write	RURAL and	give neares	it town)
-	t Howard		22 Day	re	Bo.	ltimore	25		01	-50-2
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital, o	ive street o	oddress)		d. STREET ADDR					IS RESIDENCE
	ans Administra	tion	Hospital		58	20 Rite	hie High	iaw.		ON A FARM?
3. NAME OF	Fir		Middl	le	Lost	4. DA1		onth	Day	Yeor
(Type or print			C.		LINTHICUM	OF DEA			Ol.	
5. SEX	OOM	7. MAPPI	ED NEVER MARE	DIED [7]	B. DATE OF BIRTH		9. AGE (In year	mber	1 YEAR IF	19 56 UNDER 24 HRS.
Male	White	WIDOWE			3/19/99		last birthday) Months		Hours Min.
	CUPATION (Give kind of work			Jan.		/State or foreign	57 yr		TIZENI OF A	WHAT COUNTRY?
during most	of working life, even if refired			OK HADO	W 12					WHAT COUNTRY
Machi 13. FATHER'S NA		IRai	ilroad			rk, New	York	U.	S.A.	
					14. MOTHER'S MAI	DEN NAME				
	C. Linthicum			Miller	Helen P	erry				
15. WAS DECEAS	SED EVER IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 17. 1	NFORMANT		A	ddress	18650	
Yes	WW-I	51	19 18 6621	CL	IN REC. VET	ADM. HO	SP. FT.HO	WARD.	MARYI	AND
18. CAUSE	OF DEATH [Enter only one co	use per line	e for (a), (b), and (c)-1 CA	RCINOMA OF	TARVATY	WITTH MET	TOATTOAT	d INTERV	AL BETWEEN
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0	TO T	INGS AND	MECK	TO LIVE III OI	الانحالا لله مكوما بالباد كالمينات	WALL THE	TOTAGE		AND DEATH
161			TONGS AUT	MECH					OWE	MOWIN
	s, if any, which)									
	to immediate	,	_							
	stating the <u>under-</u> DUE TO									
lying couse	, 10									
PART	II. OTHER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE	TERMINAL DISI	EASE CONDITION G	IVEN IN PAR	T 1(a) 19. Y	WAS AUTOPSY PERFORMED?
5									YE	ES NO
CONTRIB	NT WAS UNDERLYING DEATH	20b. DESC	RIBE HOW INJURY	OCCURRE). (Enter nature of inju	ry in Part I or	Part II of item 18.)			
	NOTIFY MEDICAL EXAMINER)									
	INJURY Month, Day, Yes		JURY OCCURRED		CE OF INJURY (Home		City or town)	(0	County)	(State)
Hour	o. jr. p. m.	While of work	Not while	TOC	tory, street, affice bldg	}., etc.)				
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	ify that Koffended the									
GILAG OUT	200000000000000000000000000000000000000	AANYAA	AAAA and tha	t death	occurred ot 3:				ne dote	
ACTUAL	Charac h	ofon-					(Street, city or tow		200	DATE SIGNED
SIGNATURE	pures / 14	Juli			M.D. VAH.	Fort	Howard, M	d,	11/	24/56
PHYSICIAN'S	S TANTER OF MOT	ART B	(D							
NAME (Type	JAMES A. NOI	AN, N	1. D.		. VAH. F	ort How	ard, Mary	land		
220. BURIAL, CRE REMOVAL (S	MATION, 22b. DATE THEREO	F	22c. NAME OF CEA	AETERY O	RCREMATORY	22d. LO	CATION (City, town	or county)		(State)
Buria	1 11/274	56	Cedar Hi	11 C	emetery	Ri	tchie Hic	hwar B	altim	ore. Md
23. FUNERAL DIE	ECTOR'S SIGNATURE	CC	ADDRESS			REC'D BY REC	ISTRAR 246. REG	STRAR'S SIC	NATURE,	IP,
128 E. F.	ort Ave. Balti	more.	Maryland		DAT	M /. /	1330	ruson	. 4 :	Farbers
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			1100	CERTI	FICA	ATE OF D	EATH			Reg. Di	st. No.		43
1. Pt o.	ACE OF DEATH COUNTY Ball	ltimore Co.	1103	MARY	YLAND	o. STATE	NCE (When		d lived. If institution b. COUNTY		ce befor		ion)
b.	CITY OR TOWN (IF RURAL and give ne	outside corporate limi arest town)	ts, write c.	LENGTH OF STAY	IN 16				rote limits, write R		give nea	rest town	54
d.	OR INSTITUTION	AL (If not in hospitol, g				d. street ad	DRESS 1	126 G	rape Hil	l Ave	MA.		IDENCE FARM?
Di	AME OF ECEASED ype or print)	Fin Roy P	erciva	Middle		lost	Í	4. DATE OF DEATH	Mon 11/9	156	Day		Yeor 1556
5. SE	x ale	6. COLOR OF RACE	7. MARRIED	NEVER MARRI		8. DATE OF BIRTH	886		9. AGE (In years lost birthdoy) 70 yrs.	Months	1 YEAR Doys	Hours	R 24 HRS. Min.
10o.	USUAL OCCUPATIO	N (Give kind of working life, even if retired)	nd of Business C	OR INDUS	TRY 11. BIRTHPLA	CE (Stote or			12. CII	U.S.		COUNTRY?
13. F.	ATHER'S NAME		101			14. MOTHER'S A			u 000		0.0	our e	
	William I	Daniel Long	g			Hettie			on				
		IN U. S. ARMED FOR I yes, give wor or dates of s	ervice)	CIAL SECURITY NO		NFORMANT			Addi		1		
	no		12.76	407-7026	Ch	ester Sch	affer	4126	Grape Hi	.11 Rc	1. 6		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which)	Mec	astalic	Ca	rigum	na o	y K	ung.		ONS	RVAL BE	DEATH
	gove rise to in cause (o), stating to lying couse lost.	mediote (
CERTIFICATION	Squar	ER SIGNIFICANT CON	U CO	NTRIBUTING TO DE	na But	of RELATED TO T	HE TERMIN	AL DISEASI	CONDITION GIV	EN IN PAR	T 1(o) 19	PERFO YES	RMED?
CERTIF	ROG. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY /	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURRED	D. (Einter nature of i	injury in Po	rt I or Pari	II of item 18.)				
MEDICAL	Oc. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	White of work	Not while	20e. PLA foc	ACE OF INJURY (Ho tory, street, office b	ome, farm, oldg., etc.)	20f. (City	or town)	(4	County)		(Stote)
	21. I certify the	of I attended the	deceased	7	death	19 <u>52</u> ,	ta		19.56 the causes a				
	ACTUAL SIGNATURE	arvey &	° 7	eller	/	M.D. Ri			reel, city or town,		ORE		TE SIGNED
	PHYSICIAN'S NAME (Type)	()	+AR1	/EY L.	F	PULLE	R	M.	D				
220.	BURIAL, CREMATION REMOVAL (Specify) DULLAL	11/12/56		Druid F			2		ION (City, town, c	or county)		(State	:)
23. FI	UNERAL DIRECTOR'S	SIGNATURE H	me 74	ADDRESS Ol Belair	rd.	6	ATE ATE	BY REGIST	RANGE Zb. REGIS	dets	SNATUR	und	2

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1109! CERTIFICATE OF DEATH Reg. Dist. No. with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Baltimore MARYLAND Maryland death. erol b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give hearest town)
Fort Howard the fune days Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital 1122 N. Gay Street YES NO First Middle Lost 4. DATE Day Yeor DECEASED filled JAMES LUCAS (Type or print) L. DEATH November 19 56 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Male Negro WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Laborer Construction Spring Hope, N. Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grover Lucas Joney May Langley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes WW attending 237-10-896h Clin. Rec. Vet. Adm. Hosp. Ft. Howard, Md. eose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN with ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: UREMIA Then 3 MONTHS IMMEDIATE CAUSE (0) CHRONIC GLOMERULONEPHRITIS DUE TO 10 YEARS by permit. Conditions, if any, which gned gove rise to immediate DUE TO cause (a), stating the underlying couse lost has been si burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Hypertension due to chronic glomerulonephritis. 2. Cardiac enlargement YES INO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) certificate 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur a. m. While Not while at work ot work ped and that death occurred at 2:55P. M, from the causes and on the date stated above. def ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL DIRECTOR Pe ď C. J. PAPASTRAT, M.D. PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Keysville Cemetery Washington, North Carolina Remova 2 23. FUNERAL DIRECTOR'S SIGNATURE Baltimore. 1. Md. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Charles R. Law Mortuary, 802-04 Madison Ave. DATE Shipped To: Leon Randolph, Jr., Washington, N. Carolina

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11.22 C. Esp. Person C.		molfards Artigo, Englished
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M	ENT OF HEALTH	-BALT	IMORE, 1	8		
A	TE OF DEATH	1		Reg. Dist.	11 No.	975
,	2. USUAL RESIDENCE (Who a. STATE	ere deceased	lived. If institution b. COUNTY		before admis	sion)
	CICITY OR TOWN (IF O	viside corpore	ote lighits, write R	URAL and giv	e nearest tow	m) ×
	d. syreet address/	ruck	lula.	RA	e. IS RE ON A YES	SIDENCE A FARM? /
(Luti	4. DATE OF DEATH	Mon	th /=	3 Day	Sec. 596
	DATE OF MATH	1.1873	AGE (In years tost birthdoy)		YEAR IF UND	Min.
ous -	TRY 11. BIRTHPLAGE (State	Pareign cou	untry)	12. CITIZI	EN OF WHA	T COUNTRY?
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_	Scherotic	Car	dio		INTERVAL BE	
/	Disense				57	· .
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-	way, ora	. 110.
1	a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY b. COUNTY	before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town AUTUMN (If autside corporate limits, write RURAL and give nearest town)	ve nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION (CASA) BYING HOLE 6711 Tallie fully let	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) Nary First Live Middle Lity 4. DATE OF DEATH LOV (3 Day Year
100		YEAR IF UNDER 24 HRS. Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of Greign country) 12. CITIZ	EN OF WHAT COUNTRY?
1	3. FATHER'S NAME R. Luty 14. MOTHER'S MAIDEN NAME Wilker	ion
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCYTE SECURITY NO. 17. UNFORMANT (If yes, give war or dates of service) 16. SOCYTE SECURITY NO. 17. UNFORMANT (COLUMN COLUMN COL	ed Rd
	1B. CAUSE OF DEATH [Enter anty ane couse per line for-(o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unterny - Sclerotte Cando	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) Varaulan Disease -	5 yrs.
	gave rise to immediate cause (o), stating the under: Jying cause last. DUE TO Semile Demention	Ling.
CERTIFICA TION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Separation of the significant conditions of the significant c	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 of wark at work (Co	ounty) (State)
	21. I certify that I attended the deceased from Sent 2 - , 1954, to 11/13 , 1956, that I la	ist saw the deceased
ı	alive on, 12 5/2, and that death occurred at / M. from the causes and an the	e date stated above.
	ACTUAL SIGNATURE Garl L. Chambers M.D. 4108 Joberty Hts Balty	- my 11-14-5
	PHYSICIAN'S Earl L. Chambers M. D. 4108 Liberty Heights Avenue Baltimore	7. Md.
2	20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22l. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, of Dounty)	(State)
2	S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE ADDRESS DATE ADDRESS DATE ADDRESS ADDRESS DATE ADDRES	m & Martin
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VS A15 (4) 15M 9/55

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ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1107	C
11094	CEDTIEICATE OF DEATH	1100	U

		11	094	CERTIFIC	ATE OF	DEATH	4		Reg. Dis	t. No.		del.
	PLACE OF DEATH COUNTY Baltimore			MARYLAND	O. STATE			d lived. If institutio	n: Residenc	e before	e admissi	on)
	b. CITY OR TOWN (IF RURAL and give nee Fort Howar	arest town)	ts, write	c. LENGTH OF STAY IN 16		town (IF o		rote limits, write RL	IRAL ond g	ive near	rest town	- 3
	d. NAME OF HOSPITA OR INSTITUTION Veterans A	AL (If not in hospitol, g	ive street	oddress) Hospital	d. STREET		iforni	ia Street	, N.W			IDENCE FARM? NO
	NAME OF DECEASED (Type or print)	DONALI		Middle (NMI)	MACK	ost	4. DATE OF DEATH	Novem		19)	reor 56
5.	Male	6. COLOR OR RACE Colored	7. MARR	IED NEVER MARRIED	8. DATE OF BIR		1910	9. AGE (In years lost birthdoy) 40 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
	Laborer	N (Give kind of work ing life, even if retired)	KIND OF BUSINESS OR IND Diler- Steel (Co. Char	les Co	unty,			S.	_	COUNTRY
	Robert Mac					e MN:						
15. (Ye	s, no, or unknown) (I	IN U. S. ARMED FOR If yes, give wer or dates of s	ervice)		INFORMANT	Record	s,Vet	Adm. Hosp:	377	Ft/H	Iowai	rd, Md.
		H WAS CAUSED BY: IMMEDIATE CAUSE (o OPEROD y, which mediate (b	MET	ne for (o), (b), ond (c).] CINOMA OF LEF	T UPPER	LOBE (DF LUN	G WITH		ONSE	T AND	DEATH
ATION	couse (o), stoting to lying couse lost. PART II. OTH	(c)	CONTRIBUTING TO DEATH BL	IT NOT RELATED T	O THE TERMI	INAL DISEAS	E CONDITION GIVE	N IN PART		PERFO	AUTOPSY RMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	□ CAUSE OF DEATH I	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature	of injury in	Port I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. jr. p. m.	Month, Day, Yes	While	Not while to twork	PLACE OF INJURY octory, street, offi	(Home, farm ce bldg., etc	20f. (City	or town)	(C	ounty)		(Stote)
	21. I certify the		hat	ed fram May 28,		t 9:15A	M, fran	n the causes as treet, city or town, s	nd an th		e state	d abave
220		N. 22b. DATE THEREC		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town, or	county)		(Stote	

Arlington National

ADDRESS you,

Ft. Myer, Virginia

DATE 3 195 LEGISTRAR'S SIGNATURE

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FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15M 9/55

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E OF DEATH	26
Y OR TOWN (If our digine neares) town)	ride E
ME OF HOSPITAL	O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12186

Items 1,2,4 FilmG209	7 1-11-5/ 61 Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN III outside corporate limits, write RURAL and give necessal form) ESSEX	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 8000 Eastern Are. 10. IS RESIDENCE ON A FARM? YES NO []
3. NAME OF First Middle OF O	Last 4. DATE Month Day Year OF DEATH 11 17 19 56
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
D. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. o. s. b. CITY OR TOWN III outside corporate limits, write RURAL end give necess lower) C. C	INFORMANT Address
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
Chronic Alcoholism	PERFORMED? YES NO
	Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While at work at work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stale) ctory, street, office bldg., etc.)
	ove, held an Autopsy, Inspection Inquiry, and find that icide, Homicide, Undetermined cause
	ACCICTANT MEDICAL EVAMINED
NAME (Type) JACK (COLLINS	DEPUTY MEDICAL EXAMINER 11-17-54
Embaria 12.11.56 Chio. Pund. W	ed Solve Baltimore Med.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

BUREAU V. S.

DEC 18 1826

DECENAED SE

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS.

MENT OF HEALT	1-BAL	.IIMOKE, I	8	11	077	7
ATE OF DEATH	4		Reg. Di			38
2. USUAL RESIDENCE (WI	here decease	ed lived. If institution	an: Resider	ce befa	re admiss	ion)
o. STATE Md.		b. COUNTY	Bal	timo	re	
c. CITY OR TOWN (If a	outside corpo	orate limits, write R	URAL and	give nec	rest town	1)
Loch Ray	ren Vi	llage				X
d. STREET ADDRESS					e. IS RES	
8352 Loch	Raver	Blvd.				FARM?
Last	4. DATE	Mon	th	Do		Year
MALCHODT	OF DEATH		Nov.	7		19 56
8. DATE OF BIRTH		9 AGE (In years		1 YEAR		ER 24 HRS.
Mar. 27. 1892	2	last birthday)	Months	Days	Hours	Min.
OUSTRY 11. BIRTHPLACE (Stote			12. CII	IZEN O	F WHAT	COUNTRY?
N. Y.			1			
14. MOTHER'S MAIDEN N	JAME				-	
Virginia	,	lemorm \				
INFORMANT	(un	iknown)	-	_		
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Mr. Ernest Ma	TEUOG	i - 1622	Hard			
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JT NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY RMED?
		<i>y</i>	200		YES 🔲	NO X
RED. (Enter nature of injury in I	Port I or Por	rt II of item 18.)				3
PLACE OF INJURY (Hame, form foctory, street, office bldg., etc.	, 20f. (City	y or town)	(4	County)		(State)
ocioty, sireci, office biog., etc.	1					
3 195 La 10 h	400	13,1956	ah aa 1	last so	46.0	da an acad
th occurred at 3 A	1 AA	m the course	e, mar r	idsi so	w me	deceased
		m the causes a street, city or town,		ne aai		ate signed
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M.D. 0400 L	001	7 11476	10 L	7 4	7 7	公元任
PA.					1	1,19

22d. LOCATION (City, tawn, or county)

246. REGISTRAR'S SIGNATURE

Woodlawn, Md.

24a. REC'D BY REGISTRAR

(State)

TO HOSPITAL TO FUNE VS A15 (4) 15M 9/55 PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
Burial 11/15/5

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH

BUREAU V. S.

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1103	5			Reg. Dist. No. 40
P. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WE o. STATE	nere deceased lived. If institution b. COUNTY	Baltimore
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Rosedale	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	autside corparate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION 1318 Pine Grove		d. STREET ADDRESS 1318 Pin	e Grove Avenue	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) JOSIA 6	Middle OUDING	Massev	4. DATE Month OF DEATH Novemb	
S. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		B. DATE OF BIRTH J		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Operating Engineer Wal	ND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTR
Josiah A. Massey		14. MOTHER'S MAIDEN N	Helen Goodin	ng
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes. no. or unknown) If yes. give wor or dates of service) 216-		ara Debelius	Massey, wife, a	
1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.	LONGLA	cardio-1	10 N Jasenlar cha	Sudden Sudden Gys
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVES Port 1 or Port II of item 18.)	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
<u> </u>	Not while fac	ACE OF INJURY (Home, farm tary, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive an NON 2.0. 19.5. ACTUAL SIGNATURE PHYSICIAN'S G. M. Baumgardner NAME (Type)	and that death	accurred at 6.304	M, fram the causes an appress (Street, city ar town, st	that I last saw the deceased an the date stated above the DATE SIGN
REMOVAL (Specify)	Oak Lawn Ceme		22d. LOCATION (City, town, or Baltimore, Md	
33. FUNERAL DIRECTOR'S SIGNATURE Schimunek Funeral Home, Inc.	ADDRESS 2601 E. Mad:	ison St. DATE		RAR'S SIGNATURE

may be retained by the hospital ar attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and camptelety filled page 3. Luld be detached far use as the burial-transit permit. Then please remave carban papers. Pages VS A15 (4) 15M 9/55

TO HOSPITAL OR

the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

by the funeral director,

TATE OF DEATH	The state of the s
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VS A15 (4) 15M 9/55

MARYLAND STA	ATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
11099	CERTIFICATE	OF DEATH	

		. 1	110	99 CER	TIFIC	ATE OF DEAT	Н		11 Reg. DIST.	0.80	44
1.	PLACE OF DEATH COUNTY Balt	imore		MA	RYLAND	2. USUAL RESIDENCE (W	here decease	ed lived. If instituti b. COUNTY	on: Residence	before adm	nlssion)
	b. CITY OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN (IF		orate limits, write R	URAL ond give	nearest la	own)
	RURAL ond give ne	Howard		144 Da	ys	Baltimor	e			34	01-4
	OR INSTITUTION	AL (If not in hospital, g			pital	d. STREET ADDRESS	entre	Street		e. IS F	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	Fir THOMAS		Mid M.	dle	MC LIN	4. DATE OF DEATH	Novembe		Doy 26	Yeor 19 56
5.	Male	6. COLOR OR RACE White	7. MARE	ED NEVER MAI		8. DATE OF BIRTH January 27, 1	1889	9. AGE (In years lest birthdoy) 67 yrs.	Months Do		DER 24 HRS.
10	J. USUAL OCCUPATIO during most of work Clerk	IN (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote Logan, Oh		country)		N OF WH	AT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			•	
	Andrew Mcl	Lin				Sarah Knott	,				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY I		NFORMANT		Adde			
	Yes	WW I		17-18-515	9 C1	inical Record	ds, Vet	.Adm. Hosp	ital,F	t.How	ard, Md.
7	PART I. DEAT /50 × Conditions, if or gave rise to in couse (o), stating to the lying couse lost.	the under-	CAR	CINOMA OF	THE	ESOPHAGUS WI					BETWEEN ND DEATH NTHS
CERTIFICATION			DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	'EN IN PART 1(PER	S AUTOPSY FORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Port I or Po	rt II of ilem 18.)			
MEDICAL	Hour o. p. m.	Month, Day, Yeo	While	Not while at work	20e. Pl. fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n. 20f. (Cit	y or town)	(Cou	nty)	(Stole)
	21. I certify the	J. PAPAS	DOPE	occock, and the	ot death	M.D. Veterans Fort How	Admin	m the causes of treet, city or town.	and on the	dote sto	pited obove. DATE SIGNED 11/27/1
	BURIAL, CREMATION REMOVAL (Specify) Burial	1/-29-	56	22c. NAME OF CI				imore, Ma		(S:	lote)
6	FUNERAL DIRECTORS	K- Weigh	t 1/2	ADDRESS			D BY REGIS		STRAR'S SIGN	43	Larbera

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		A TOWN THE		
manna la	STUDY TOOL (Marchon Honora		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11101 **CERTIFICATE OF DEATH** Reg. Dist. No.

11082 yy

1.	PLACE OF DEATH a. COUNTY	Baltimere		MAR	YLAND	2. USUAL RESI	DENCE (Who		lived. If instituti b. COUNTY		ce befo	re admiss	ion)
	b. CITY OR TOWN (If RURAL and give nec	autside carporate limits, arest tawn)	, write c.	LENGTH OF STAT	(IN 1b	c. CITY OR 1			ate limits, write R	URAL and	give nec	rest tawn	1)
L	Fort	Howard	1	29 Days			Balt	imere			3	10	1-4
	d. NAME OF HOSPITA	L (If not in hospital, giv	e street add	dress)		d. STREET A	DDRESS					e. IS RES	IDENCE
L	Veterans !	dministrat	ien He	spital		1	00L W	Loth	Street				FARM?
3.	NAME OF DECEASED	First		Middle		los	it	4. DATE OF	Mon	ith	Do	y	Year
L	(Type ar print)	JOSEPH		A		MEYER		DEATH	Nevembe	r	2		19 56
5.	SEX	6. COLOR OR RACE	MARRIED	NEVER MARR	IED 📆 8	B. DATE OF BIRTI	Н		9. AGE (In years last birthday)	IF UNDER		IF UNDE	ER 24 HRS.
	Male		WIDOWED	Land .		3/29	/91		65 yrs.	Months	Days	Hours	Min.
10	 USUAL OCCUPATION during most of working 	N (Give kind af wark do ng life, even if retired)	ne 10b. KIN	ND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (State o	or foreign ca	untry)	12. CIT	IZEN C	F WHAT	COUNTRY
L	Sexten Une					Cinci	nnati	, Ohie		U.	S.A		
13.	FATHER'S NAME				4	14. MOTHER'S							
	August Mey	rer				Emma	Kelle	er					
15.		IN U. S. ARMED FORCE		CIAL SECURITY NO). 17. IN	FORMANT			Add	ress			
Ĺ	Yes	WW-I	138	3 03 2628	C1:	in.Rec.V	et.Adr	n.Hesp	.,Ft.How	ard.	Mar	vlan	d
	18. CAUSE OF DEAT	H [Enter anly one caus	e per line f	or (a), (b), and (c)	.]						LINTE	RVAL RE	TWEEN
	PART I. DEATH WAS CAUSED BY: HYDRONEPHROSIS										ONS	VIKNOW	DEATH
	601X	DUE TO									1	124,01	
	Canditions, if an	y, which) (b)_											
	gave rise to im cause (a), stating th	mediate (1		
	lying cause last.	(c)_											
Z	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PAR	1(a) 19. WAS AUTOPSY		AUTOPSY
15	ARTERIOS	CLEROTIC HE	ART D	ISEASE									RMED?
CERTIFICATION	20g. ACCIDENT WAS	UNDERLYING 1 2	0b. DESCRIE	BE HOW INJURY C	CCURRED	. (Enter nature at	f injury in Po	ort I ar Part	II of item 18.)			110	
	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Manth, Day, Year	1	RY OCCURRED	20e. PLA	CE OF INJURY IF	Home, farm,	20f. (City	or tawn)	(0	ounty)		(State)
MED	Hour a. m. p. m.	19	While at work	Not while at work	Toci	ory, street, affice	bldg., etc.)						
	21. I certify the	KI attended the d	lecessed	from Octob	on.	1, 10 56	to Nov	rember	2 10 56	N VNVV	VVV	VYXYV	WVVV
	WHOSE SERVICE Y		- NOVV	TVVV and that	dansk	.41., 17211	7-30P	KATINGT.	, IY <u>_DO</u>	_,thatNA	061-00	W-Mo-	geograph
	MINIXIMNAJAA		ani Alalaha	A Adila Illa	dedili	occurred di			the causes a set, city or town.		ie dai		ed above. TE SIGNED
	ACTUAL SIGNATURE	C.T.P -	ast.		C				t Heward			17	2 76
						.v	V 751	AL A WI	O HOWAT'G	4100			-2-20
	PHYSICIAN'S NAME (Type)	C.J. PAPA	STRAT		M	.D.	VAH	, Fort	Howard	. Md.		11	-3-56
220	BURIAL, CREMATION	, 22b. DATE THEREOF	2	2c. NAME OF CEM	ETERY OR	CREMATORY			ON (City, tawn, a			(State	1
	REMOVAL (Specify) BURIAL	Nov 7.19	956 B	altimore	Nati	onal Cem			imore,		land		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRECE				8Y REGISTR					0 1
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3	818 Roland	Ave., Balt	imore	, Md.				12	- Vivan		-11	e are	~~~

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170-109			TO I IN TAKE STORY

HOSPITAL 0 VS A15 (4) 15M 9/55

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) V01-4 e. IS RESIDENCE ON A FARM? YES NO Day Year 19 56 November IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY! INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRES! 246. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR

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S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe	0	36	TO F. AAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the reg. prior to burial, cremation	0
V5	· A	15/	MF(3)

5M 9/55

		11103 MEDICAL EXAMINER'S	5 CERTIFICATE OF DEATH 11184	4
ī	1. 6	PLACE OF DEATH O. COUNTY SALTIMORE MARYLAND	a. STATE Deceased lived. If institution Residence before before the COUNTY BALI	ore admission)
	54/	c. LENGTH OF STAY IN 1b only of stay in the RURAL of LENGTH OF STAY IN 1b only give noored found.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give ne BACTING YE 20	arest town)
0	d	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7-FERN PLACE	d. STREET ADDRESS TERN PLACE	e, IS RESIDENCE ON A FARM? YES NO
	()	NAME OF DECEASED (Type or print) MALIR GRACE M	Last 4. DATE Month Day OF DEATH // //	195 Z
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 0	Last black days	Hours Min.
1	10a	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTI Juring most of working life, even if refired) L.S.F.+C.Co-	TRY 14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF BALTIMORE MD 12. S	WHAT COUNTRY
	13.	RICHARD HUGHES	14. MOTHER'S MAIDEN NAME NOT KNOWN	
0	15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [If yes, give wor or doles of service] 2/501-7312 RA	NFORMANT Address 4 YMOND MORGAN 7-FERN PLACE	CF
			clusian	AND DEATH
		Canditions, if ony, which gove rise to immediate cause (b)		
		(a), stating the underlying DUE TO (c)		
>	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	YI	PERFORMED?
		PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Enter nature af injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor 20 m. 20 m. 20d. INJURY OCCURRED 20e. PLAC factor 20d. INJURY OCCURRED 2	CE OF INJURY (Home, farm, 20f. (City or town) (Caunty) ory, street, affice bldg., etc.)	(State)
		21. I certify that I toak charge of the remains described abordeath resulted fram: Natural causes . Accident . Suid	ove, held an Autopsy [], Inspection [2], Inquiry [], icide [], Hamicide [], Undetermined cause [].	and find tha
)		ACTUAL SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		EXAMINER'S TACK CCOLLINS	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	11-56
		BURIAL CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR 15 1/15/56 DAK LAW	IN BALTIMORE	(State) MD
	23.	formeral birector's signature / ADDRESS Larence + Hoffman 3218 Avelson	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Court of the court	ulley

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

9961 71 NON

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 11104 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Baltimore a. STATE b. COUNTY MARYLAND timore funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) be RURAL and/give nearest town) P Parkville arkville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 12 Wendover Koag 2625 Wendover Road YES NO NO NAME OF First Middle 4. DATE Year DECEASED (Type or print) DEATH Vovem 19 6. COLOR OR RACE 5. SEX MARRIED NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | male DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during post of working life, eyep if refired) Press 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? timore, oug ofter 13. FATHER'S NAME physician Pauline Sc ames Moss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 18. CAUSE OF DEATH [Enter only one cause per lingsfor (a), fb), and (c).] INTERVAL BETWEEN ONSEJ AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate **DUE TO** catse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d, INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) q. m. While Not while p. m at wark at work 21. I certify that I attended the deceased from 19___that I last saw the deceased . and that death accurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOMAL (Specify) Memorial

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23. FUNERAL DIRECTOR'S SIGNATURE

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24a, REC'D BY REGISTRAR

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BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE	DEPA	River
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CERTIFICATE OF DEATH

Reg. Dist. No.

11088

5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH NOV. 30, 1879 9. ACE (in yearn that birthbor) 100. USAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 10. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. DATE OF BIRTH NOV. 30, 1879 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	1. PLACE OF DEATH a. COUNTY	Baltimore		MARY		That y Latita					ion)
CATIONSVILLE CANSON CROVE STATE HOSPITAL 4.59 Brunswick St. SPRING GROVE STATE HOSPITAL 4.59 Brunswick St. SPRING GROVE STATE HOSPITAL 4.59 Brunswick St. November 8, 19 5 19 5 19 10 10 10 10 10 10 10 10 10 10 10 10 10			ts, write c	LENGTH OF STAY	IN 1b						1)
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SPETING GROVE STATE HOSPITAL 4.59 Bruinswick St. 75 NOT 100 NAME (Type or print) Jennie A. Peisfer Murphy 1.00 November 8, 19 5 5. SEX 6. COUR OR RACE 7. MARRIED NEVER MARRIED 1.00 NOV. 30, 1879 9. AGE (in year) 19 19 November 8, 19 5 5. SEX 6. COUR OR RACE 7. MARRIED NEVER MARRIED 1.00 NOV. 30, 1879 9. AGE (in year) Months 100 November 8, 19 5 6. SUMA OCCUPATION (Cive kind of work dome 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 100 Usual OCCUPATION (Cive kind of work dome 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 100 Usual OCCUPATION (Cive kind of work dome 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 100 Usual Occupation (Cive work of work down divinded) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 100 Usual Occupation (Cive work of work divinded) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 100 Usual Name 100 Usual Nam	d. NAME OF HOSPIT	AL (If not in hospital, g	jive street add			d. STREET ADDRESS				e. IS RES	DENCE
DECEASED (Type or print) S. SEX C. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 30, 1879 2.AGE (In year) IF UNDER IT VARIE IF UNDER 22 HES.		VE STATE	HOSPI	TAL		59 Brunswic	Ek St.	*			
Conditions of the surface of the s	3. NAME OF DECEASED	Fir	st			Last	4. DATE			Day	Year
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Maryland U. S. A.	female	white	WIDOWED	DIVORCE		lov. 30, 187	79	76 yrs.	months Doy	rs Hours	Min.
Edward Pfeiffer Caroline Kesting 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Records: SPRING CROVE STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE (b) Conditions, if ony, which gove rise to immediate (b) Information (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOPSY PERFORMEDY YES] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOPSY PERFORMEDY YES] NO IT OF CONTRIBUTING CAUSE (c) CALLED (c) ON CONTRIBUTING CAUSE (c) CALLED (c) DIADETER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOPSY PERFORMEDY YES] NO IT ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOPSY PERFORMEDY YES] NO IT ON CONTRIBUTING CONTRIB	during most of work	ing life, even if retired	done 10b. KII	ND OF BUSINESS O	R INDUSTRY	_		'ry)			COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. UNKNOWN Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY: 19. MAKEDIAITE CAUSE (a) 19. Conditions, if only, which gove rise to immediate coure (b), stoling line under lying course lost. 19. CO. According the under lying course lost. 19. Diabetes mellitus 20. ACCIDENT WAS INDERLYING DIE TO LIVE OF DEATH UIT OF COURTED LINE OF	13. FATHER'S NAME				1.	. MOTHER'S MAIDEN N	IAME				
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18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE BY DUE TO		R IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO	. 17. INFO	RMANT		Addr	ess		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebrovascular accident DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoing the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR O. 91. 19 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 201. TIME OF INJURY Month, Day, Year Hour o. 91. 19 202. TIME OF INJURY Month, Day, Year POWN II. 21. I certify that I attended the deceased from Oct 26. ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNATURE PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville 28, Md. 220. BURIAL CREMATION, 220. DATE THEREOF Loudon Park 240. RECO BY REGISTRAP SIGNATURE 240. RECO BY REGISTRAP SIGNATURE 240. RECO BY REGISTRAP SIGNATURE		ons one		unknown	Reco	ords: SPRIN	NG GROV	E STAT	TE HOS	PITAL	
20c. TIME OF INJURY Month, Day, Year Hour a. ft. 19 20d. INJURY OCCURRED While of work	Conditions, if or gave rise to it cause (a), stating lying cause last.	DUE TO ny, which mmediate the under (c) IER SIGNIFICANT CON	Dia Ditions col	eriosclero abetes mel	llitus	ardiovascul	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(c	PERFC	RMED?
21. I certify that I attended the deceased from Oct 26 , 1956, to Nov. 8 , 1956, that I lost sow the deceased alive on Nov. 8 , 1956, and that death occurred at 6:30a M, from the couses and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville 28, Md. 220. BURIAL, CREMATION, REMOVAL (Specify) 221. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REMOVAL (Specify) Catonsville 28, Md. 222. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REMOVAL (Specify) REMOVAL (SPECIFY) CALOR COLOR OF CEMETERY OR CREMATORY CALOR COLOR OF COUNTY) CALOR COLOR OF CEMETERY OR CREMATORY CALOR COLOR OF CEMETERY OR		MEDICAL EXAMINER)									
alive on Nov. 8, 1, 19 36, ond that death occurred at 6:30a M, from the causes and on the date stated obove ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville 28, Md. 220. BURIAL, CREMATION, REMOVAL (Specify) 11-12-56 Loudon Park 240. REC D BY REGISTRAP'S SIGNATURE 240. REC D BY REGISTRAP'S SIGNATURE	Hour o. ft.		While	Nat while	20e. PLACE factory	OF INJURY (Hame, farm, street, affice bldg., etc.	, 20f. (City or	town)	(Coun	ity)	(State)
REMOVAL (Specify) 11-12-56 Loudon Park Bitimore 20, FUNERAL DIRECTOR'S SIGNATURE 4107 WILKENS AVE. 240, REC'D BY REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Nov. 8, Stella	19 5 (4) d	a clister or, M. D.	deoth oc	SPRING Catonsvi	ADDRESS (Street	he couses a t, city or town, STATE J	nd on the	date state	ed obove.
noward m. Ausbard, 4107 Wilkens Ave.	REMOVAL (Specify)	11-12-		Loudon			Bilti	more			e)
	23, FUNERAL DIRECTOR	s signature	107 V		Ave.	W1111/	9 191	24b. REGIS	TRAPS SIGNA	ture ry	

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Tem 5 FilmG207 11-20-50 et CERTIFICATE OF DEATH

Reg.	Dist.	No.	

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ist.	No.	38

1. PLACE OF DEATH o. COUNTY Balt	0.		MARYLAND	Par Dation					ision)		
	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16						n) ×		
OR INSTITUTION	ITAL (If not in hospital, g		Register Ave	d. STREET ADDRESS	Bristo	1 Rd.		ON	e. IS RESIDENCE /		
3. NAME OF	Nut Siring Monte		Middle	Last	4. DATE		.1] 40 🗍		
DECEASED (Type or print)	MA		L.	MURRELL	OF DEATH	Mon	Nov.	Doy 16,	Yeor 19 56		
5. SEX Female male/	6. COLOR OR RACE white	WIDOWI		8. DATE OF BIRTH Feb. 24, 18		9. AGE (In years last birthday) 9 yrs.		YEAR IF UNE	Y		
during most of wor Housewife	rking lire, even it serired	done 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (SIN		ountry)	12. CITI2	EN OF WHA	T COUNTRY?		
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME						
Hillen Ha	rrell			Mary Lo	uise Dr	aper					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress				
no	(if yes, give war or dates or s		none M	r. Harry B.	Lentz-7	106 Brist	tol Rd	•			
200. ACCIDENT W	the <u>under-</u> DUE TO	DITIONS	CONTRIBUTING TO DEATH BU CRIBE HOW INJURY OCCURRI		RMINAL DISEAS	E CONDITION GIV		PERF	AUTOPSY ORMED?		
W (IF EITHER, NOTIFY 20c. TIME OF INJUINATION OF IN	MEDICAL EXAMINER)	20d. [] While at wor	_ Not while fo	LACE OF INJURY (Home, fi actory, street, office bldg.,	arm, 20f. (City	or town)	(Co	runty)	(Stote)		
21. I certify to alive on	hat I attended the	deceas 192 2 2 2 4	21 /	56, 19 , to h occurred at 4 3 30 3 3 4 14	M, from	the causes of the course of th	nd on the	e date stat			
22g. BURIAL, CREMATIC REMOVAL (Specify BUTTA)			Woodlawn C			ION (City, town, o		(Sto	te)		
23. FUNERAL DIRECTOR	ES SHOPLATURE	- Y X	ous - Baete	17. Md 240. RI	EC'D BY REGIST	RAR 24b. REGIS	Malel	Gray			

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		MARYL	AND	STATE DEPA	RTM	ENT OF HEALTH	-BAL	TIMORE, 1	8	1	10	90
		. 1	110	9 CERTI	FICA	TE OF DEATH	1		Reg. Dist.		10	44
	PLACE OF DEATH o. COUNTY Baltin	nore		MARY	LAND	2. USUAL RESIDENCE (Who Pennsylvania	ere decease	d lived. If institutio b. COUNTY	n: Residence York		odmissi	ion)
	b. CITY OR TOWN (II	outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF or		rote limits, write RL			est town)
	RURAL and give ne	loward		99 Days		York				75	X	3
	d. NAME OF HOSPITA	AL (If not in hospital, g	ve street	oddress)		d. STREET ADDRESS				e.	IS RESI	DENCE
	Veterans	Administra	tion	Hospital		654 York St	reet					FARM?
3.	NAME OF DECEASED	Fin	ıt	Middle	1	Lost	4. DATE	Mont	h	Day	١	Yeor
	(Type or print)	RAY		В.		IUSSER	DEATH	November	r	27	1	19 56
5.	SEX		7. MARR	HED DNEVER MARRI	ED 🔲 E	B. DATE OF BIRTH		9. AGE (In years Jost birthdoy)	Months D			
	Male	White	WIDOWI	brad	tread .	June 25, 1911		42 yrs.	Months	ays	Hours	Min.
100	during most of work	N (Give kind of work of ing life, even if retired)	one 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stote of			- 1			COUNTRY?
	Test Opera	tor]	Refrigerati	ion	York, Penr		mia	U.	S.	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
	Lloyd Mus		l			Marie McKi	Lnney					
13. (Ye	Yes	IN U. S. ARMED FOR	rvice) TTY	social security no nknown		FORMANT	T7 L	Addre	155 1 7 7 To			2 36 2
						nical Records	s, vet.	Acm. Hospi	rtal, r		~	
		TH [Enter only one collin WAS CAUSED BY:	-							ONSE	VAL BET	DEATH
	600 1	IMMEDIATE CAUSE (o)	PE	RINEPHRIC A	LESCE	SS, RIGHT				UNI	KINOW	N
	000. 1	DUE TO										
	Conditions, if ar	nmediate										
	couse (a), stating t	he under-			+ 1.	Bronchopheumo	nio r	ight lung				
z		ER SIGNHFIOANTLCON	UTLINE O	ONTRIBUTING TO DE	ATH BUT	DE OTICHODITE MINO	ILLA I	TELLO TRIES	NI INI PART 1	(a) 10	WAS A	LITOPSV
ATIC						Not RELATED TO THE TERMIN Y Decuber 3. Thrombos	itus,	ulcers, of	the	,	PERFO	RMED?
IFIC	20g. ACCIDENT WA	nd left his				(Enter nature of injury in P	ort Lor Port	II of item 1B.)	iac a		-	но 🗆
CERI	OR CONTRIBUTING	CAUSE OF DEATH										
MEDICAL CERTIFICATION	20c. TIME OF INJURY		r 20d. It	NJURY OCCURRED		CE OF INJURY (Home, farm,		or town)	(Co	unty)		(Stote)
MEDI	Hour a. jr. p. m.	19	While of work	Not while	foct	tory, street, office bldg., etc.)				,,		
-		VA.			met	20 156 1- Nov	rombox	27 1056	300000			
	Sheeke cocco	arantended the	oeceas	CCCCC and that	do ath	20, 1 <u>56</u> , to <u>Nov</u> accurred at <u>7:00F</u>	Centrer	- AL., 19.29	marris	RUS BU	LADBA	desemble.
	A CHARLON POSTAGE		ON-LANCHI	HEREFER and mar	aeam			reet, city or town, s		date		te signed
	ACTUAL	T Para	her	T HET	1	.b. VA HOSPITAI			MARYT.	CINA	77/	28/56
В			-		^	.v. <u>viilliybu 441</u>	of other	11011111110	11111111		/-	20120
	PHYSICIAN'S NAME (Type)	J. PAPASTR	AT. N	1.D.				reconstruction				
220	BURIAL, CREMATION	22b. DATE THEREO		22c. NAME OF CEME	ETERY OR	CREMATORY	22d. LOCAT	ION (City, town, or	county)		(Stote)
	REMOVAL (Specify)	11-29-	56	Prospect	Hil	1 Cemetery	York.	Pennsylv	ania	1	-11	
	FUNERAL DIRECTOR'S		1.9	ADDRESS			BY REGIST		RAR'S SIGN	ATURE	ON	0 0
Tal	m. Cook-Bli	oht Inp.60	09 H	arford Rd.	Balt	O. The Md DATE	2 1	non de	wson	wa	· de	there

TO FUNER VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 20 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Baltimore c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE ON A FARM? YES NO T Day 56 November 19, IF UNDER 1 YEAR IF UNDER 24 HRS. Days Months Haurs 12. CITIZEN OF WHAT COUNTRY? U. S. A. STATE HOSPITAL INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO

5. That I last saw the deceased and that death occurred at 9:458.M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

(County)

(State)

(State)

Randalls town . Maryland

24b. REGISTRAR'S SIGNATURE

3261 13 VO The state of the s in the frequency of the contraction of the contract Tipon's area a contration of the same and areas are MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		White a Court of the Court of
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4 101	NEEDE W. S. LEWIS	
ALEGEIA!		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		111	14	CERTIFI	CAT	E OF DEATI	H	1	Reg. Dis	st. No.		30
1	PLACE OF DEATH		MARYLAN		USUAL RESIDENCE (W O. STATE Maryland	here decease	ed lived. If institu b. COUNT	lion: Residen	ce befo	re admis	ssion)	
1	b. CITY OR TOWN (II	f outside corporate limi	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	outside corp					vn)
	RURAL ond give ne Catonsvil			3 years		Baltimore						,
	d. NAME OF HOSPIT	AL (If not in hospital, (ive street	address)		d. STREET ADDRESS					e. IS RE	SIDENCE A FARM?
		ve State H	lospit	tal		2007 Ridge	wood !	Avenue				A FARM?
3	. NAME OF	Fic	st	Middle		Lost	4. DATE	Mo	nth	Do	ıv	Yeor
H	(Type or print)	Laura		Maude	9	Page	OF DEATH	11		_	*	1956
3	. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	B. C	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		DER 24 HRS.
	Female	White	WIDOWI			3 - 16- 187	7	lost birthdoy) 79 yrs	Months	Days	Hours	Min.
1	Oa. USUAL OCCUPATIO during most of work HOUSEWII	ing life, even it refired	done 10b.	KIND OF BUSINESS OR IN	NDUSTR	Maryland	or foreign	country)		IZEN O		T COUNTRY
1	3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
l	Richard H	I. Ward				Margaret	E. Fit	tchett				
Jī	5. WAS DECEASED EVER			SOCIAL SECURITY NO. 1	7. INFO	RMANT			dress			
ľ	Yes, no, or unknown)	If yes, give war or dates of s	ervice)		Ca	rroll C. Wa	rd f		SCO AT	renu		
F	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c)				Jundalk 2	K. Pial			ETWEEN
	The second secon	TH WAS CAUSED BY:	13	T. P.	.0-	and and	an	nlal:				D DEATH
L	154X	IMMEDIATE CAUSE (o	-1-0	- m/ da	P	1 Deal A	se ma	unal i	amo	01	rnn	recen
ı	Conditions, if ar	ou which \	720	1 to take	A	a se a se a se	a d	B. IMA.		1	M	77
	gave rise to in	nmediate (engalance		ancimen		200	max	//	100	nus
	lying cause last.	he under-										
1	PART II. OTH			HTASE OF BUILDING	BUJ NO	T RELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PART	T 1(o) 1	9. WAS	AUTOPSY
1	PART II. OTH SCU 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	accelr	em	oval or sea	Lu.	m for Od	rece	noma			PERF	ORMED?
1	20a. ACCIDENT WA	S PHOERLYING	20b. DES	CRIBE HOW HJURY OCCU	JRRED. (I	inter nature of injury in	Part I or Pa	rt II of item 18.)			T.S.A.	, NO []
1	OR CONTRIBUTING	S MIDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)										
1		Month, Day, Ye	or 20d. It	NJURY OCCURRED 20e	. PLACE	OF INJURY (Home, farm	20f. (Cit	v or town)	10	County)		(State)
4	20c. TIME OF INJURY Hour a. ji. p. m.	19	While	Not while	foctory	, street, office bldg., etc	.)	,	,	.001177		(31016)
ľ							<u> </u>					
L		at I attended the	decease			, 19, to						
	alive an	<i>a</i>	, 12	, and that de	ath o					ne dat	te stat	ed above
Г	ACTUAL 9	11	スー	· H	/	0. 6.	ADDRESS (S	street, city or town	, state)	1	P	ATE SIGNED
L	SIGNATURE	KID, XI.	NA	ig au	M.D	SIARCE	and	LLO!	Mary	CROSS	ul.	11/10/5
	PHYSICIAN'S E	1215 S	·M	ARGOLIA	1. M.	D. /			/		,	' /
2	2g. BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEMETER			22d. LOCA	TION (City, town,	or county)		(Sta	te)
L	REMOVAL (Specify)	11-13-5	6	Rock Creek	Par	k Cemetery	Wash	ington,	D.C.	-		411
1	3. FUNERAL DIRECTOR'S			ADDRESS			BY REGIS	TRAR 24b. REG	STRAR'S SIG	NATUR	E	
L	William Coc	k, Inc., 1	217 3	St. Paul Stree	et,B	alto. DATE	15.14	1956 11.	6.0	Have	24	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNE SIRECTOR: After this certificate has been signed by the attending physician and completely filled is by the funeral director, page 3 mobile be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

by the funeral director,

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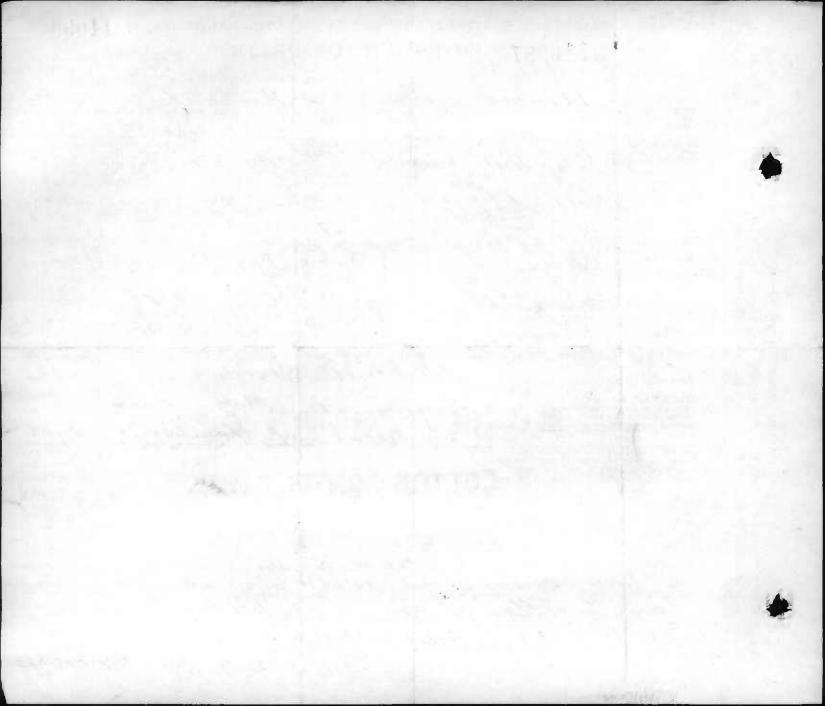
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11099

4	0007	CERTIFICATE	OF	DEATH
è	0334	CERTIFICATE	Or	DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASED:	
	2. OUGHE MEDIDENCE (MONE) OF BEGINSES.	7 11
COUNTY Baltimore MARYLAND	STATE Marylan COUNT	ry Dalt.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and	d give nearest town)
5/ TOWN Relay Hill 5 Days	TOWN B. Itimore	3V21-11
HOSPITAL OR	STREET (If rural give location)	0101-4
INSTITUTION OR STREET ADDRESS Pol 11:11 Haspital	ADDRESS 26 5	C+ 1
Kelay HIII 1703 pira	3817 J. Hanover	- 3/ ;
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Mary Elizabeth	Peel DEATH: NOV. 3	19 56
5. SEX: S. COLOR OR / 7. SINGLE, MARRIED. 8. DATE		
F RACE: WIDOWED, DIVORCED, (Specify): Widowed Jan	29. 188d 76 yrs. Months Day	ys Hours Min.
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OF	R 11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
work done during most of working life, even if retired):		U. S. A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	VI. 2. 71
CONKACY LEPP	Catherine Krapf	
15 WAS DECRASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	
N service)	AMILU 3817 S. HANON	ER ST.
18. MEDICAL CERTIFICATI	ION /	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
170x M1. 4.	Pland	/ /
	nal Bleeding	/ nr
Antecedent causes (s)	/ 11/	?
Diseases or conditions, if any, (b)	s to Mediastinua	•
giving rise to the above cause stating the underlying cause last. DUE TO	P	
(c) Carcino	ma of the Browst	Lyrs
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes I No M
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	t, (CITY OR TOWN) (COUNTY) (ST	TATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) 1NJURY OCCURED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At Work		
22. I hereby certify that I attended the deceased from Och.	19,19 06, to Nov. 3, 19 57, that I last s	saw the deceased
alive on Nov 3, 19 56, and that death occurred at	0:55 PM from the causes and on the date s	tated above.
SIGNATURE (Degree or title)	ADDRESS	TE SIGNED
Ames (an Hellang, & MD)	tolan the Hosp. 111.	3/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
(REMOVAL (Specify) 11-7-56 MORELAND	MEMORIAL PK- ISALTO	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR N/S/S	WELLIN TUNERAL HOME 1305	FORT AYE
	and the transfer to	30



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	Activity 15.	District No. of	Dozofol was	əray
	of the state of			
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			OF SEC. Laboratory	Hamilton Control of the Control of t
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BUREAU V. S.				
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11101

11117 CERTIFICATE OF DEATH

Reg. Dist. No. 31

_							
	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
	COUNTY Baltimore	MARYLAND	STATE Marylan	STATE Maryland COUNTY			
	CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore	CITY (If outside corporete limits, write RURAL end give nearest town)			
2	OR and give neerest town) TOWN Catonsville	(in this place)	OR TOWN Baltimore 3 Y 0 / - 4				
-	HOSPITAL OR	3	STREET	(If rurel give I	location)		
5	STREET ADDRESS House In The Pines		ADDRESS 5137 Chesterfield Ave.				
-	B. NAME OF (First) (N	Aiddle)	(Last)	4. DATE (Month)		(Yeer)	
	(Type or Print) Margaret		Pieger	DEATH //	19	19.56	
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED), 8. DATE	OF BIRTH 9		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	RACE W WIDOWED, DIVO (Specify) Sin	orced,	20. 1882	75 yrs. A	Aonths Deys	Hours Min.	
	IOa, USUAL OCCUPATION (Give kind of work 10b. KIND	n country)		N OF WHAT			
1	done during most of working life, even if retired) Book Keeper B.V.D	NDUSTRY	Mouselland		COUN		
١.	3. FATHER'S NAME	. 00.	Maryland 14. MOTHER'S MAIDEN N	AAAC	1 0.	S.A.	
	John Pieger			eth Weindorf	er		
		SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS			
9	Yes, no, or unk.) (If Yes, give wer or dates of service)		Mrs. Elizab	eth Bauer 3	137 Ches	terfield	
-		18. MEDICAL CE		our pager o	INTE	RVAL BETWEEN	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
	442 X IMMEDIATE CAUSE (A) Corel	ral Hem	mhose			wh.	
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) (C)	Tensive Co	rdis-Yose-Re	nal Dines	ese /=	5 gr.	
	I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
	Pa, DATE OF OPERATION 196, MAJOR FINDINGS O	F OPERATION			YES YES	NO NO	
	1e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, fectory, lice bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)	
2	1d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. I While M. et wor		21f. HOW DID INJURY OCCUR	?			
1	2. I hereby certify that I attended the deceas	ed from 5 - 13	1956 , to 11-	69 1956	, that I last say	v the deceased	
1	alive on 11-19, 19.56, and 1	that death occurred a	18:10 R.M. from the ca	uses and on the dat	e stated above		
£	SIGNATURE / /			ESS (Street, city, town,		DATE SIGNED	
5	TVI K melling	n und	1197 6: 10	J. B. Oto	52011	lan look	
3 -	3. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	20) Triderich P	LOCATION (City, town,	or county)	(Stete)	
(REMOVAL (SPECIFY)			200,111011 (0.17) 101111)	, , , , , ,	(arole)	
	Burial Nov. 21, 195	Holy Rede		Baltimore.	Md.		
2	4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S S		ADDRESS		
0	ATE 11-23-56 Victor C.	Frassy	Ullrich Funera	1 Home 4210	Belair F	load.	
1		101					

HYARD ROBERSHOOM TELL

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, \$1-8"

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BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDERICE (Where deceased lived. If Institution: Residence before admission) o. COUNTY. b. COUNTY o. STATE MARYLAND burial, necessary, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Page d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON-A FARM? YES THE NAME OF Middle DATE Losi Month DECEASED OF (Type or print) DEATH 195 for 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges m Poge 16. SOCIAL SECURITY NO. 17. INFORMANT File Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSETAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which pencil gove rise to Immediate cause DUE TO (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY 0.5 PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Lor Part II of item 18.) PRIMARY F or CONTRIBUTING 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg. atc.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) While Not while at work writing 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry V, and find that icote, w. RECTOR: death resulted fram: Natural causes . Accident 1 Suicide | Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 d ASSISTANT MEDICAL EXAMINER EXAMINER! DEPUT DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 226. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 5M 9/55

9561 6.T VOV

BUREAU V. S.

ADDRESS

ERHU HOME

certificate HOSPIT FUNE Gge 3 0

VS A15 (4) 15M 9/55

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



MIII) 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

BIRVIEW

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T NO T

> > (Stote)

DATE SIGNED

(State)

ON A FARM?

YES NO Z

Year

105

AN ART SHE 9561 91 AOIS

ADDRESS

Balto.

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AMD DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (Stote)

(Stote)

19.

(County)

24 REC'D AY REGISTRAR 1246. REGISTRAR'S SIGNATURE

Days

ON A FARM?

YES NO T

Year

10

0 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

CENTIFICATE OF DEATH

BUREAU V. A.

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DECENTED

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11121 **CERTIFICATE OF DEATH**

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1	DLACE OF DEATH	LTIMORE		MAR'	YLAND	2. USUAL RES	MARYI		lived. If instituti b. COUNTY	on: Residenc	e before	admission	n)
	b. CITY OR TOWN (I RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
L	FORT HOWARD 11 DAYS				BALTI	MORE			Vo	1-	4		
1		AL (If not in hospital, g				d. STREET						IS RESID	ARM?
1		ADMINISTRAT				150)7 E.	29th 5	it.)	res 🔲 I	NO K
3.	NAME OF DECEASED (Type or print)	JOE		Middle B.		PRIC		4. DATE OF DEATH	Novembe		Day 7.	Yes	or 56
5.	SEX	6. COLOR OR RACE	7. MARE	HED IN NEVER MARR	IED 🔲	B. DATE OF BIRT	TH .		9. AGE (In years lost birthdoy)	IF UNDER			
L	MALE	WHITE	WIDOW	_		9-13-9			63 yrs.	Months	Doys H	lours	Min.
	during most of work PIPEFITT	N (Give kind of work ing life, even if retired	done 10b. Ma	KIND OF BUSINESS OF	Coas Guar			or foreign co			S.A.		OUNTRY?
13	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME			100		5 10
L	JOHN B.						RA BOW	ERS					
. 0		IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO		NFORMANT		Charles of the	Addi				ULA
_	YES	WW-1		8-03-7496		AH, Fort	Howa	rd, Md.	CLINICA	L REC	ORDS		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	ar	ne for (o), (b), and (c)		ACCIDENT	r				ONSET	AND D	
	331X	DUE TO		NERALIZED	ARTE	RIOSCLE	ROSIS		-		UNK	NOWN	
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	lying couse lost.) (c											
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART		WAS AU PERFORM ES 1	AED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter nature o	of injury in I	Port I or Part	II of item 18.)				
MEDICAL	Hour a. n. p. m.	Month, Day, Yea	20d. II While of wor	NJURY OCCURRED Not while t of work		ACE OF INJURY (story, street, office			or town)	(Ce	ounty)		(Stote)
I	21. I certify th	at Vatended the	deceas	ed from Oct	. 27	. 19 56	to No	v. 7	, 19 56	BEXERON	GOGG	(5 ° 5)	7575K
П		0000000000				occurred at	10:15	PM. from	the causes a	ind on th	e date	stated	ahove
Н	3 SF 10			10					eet, city or town,		o duic		E SIGNED
ŀ	ACTUAL SIGNATURE	france	is	9. Or	her	M.D. VAH,	FORT	HOWARI	, MARYLA	IND		11/	8/56
	PHYSICIAN'S NAME (Type) FR	ANCIS G. D	CKEY	M.D. Chie	f. Me	edical S	ervice	e, For	t. Howard	Marv	land	VAH	
2	Po. BURIAL, CREMATIO			22c. NAME OF CEM					ION (City, town, o			(Stote)	
	REMOVAL (Specify) BURIAL	Nov 12,	56	PARKWOOD (CEME	TERY		BALT	IMORE, M	ARYLAN	D		
23	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	191		240. REC"	D BY REGISTI	RAR 24b. REG	TRAR'S SIGI	NATURE	0 1	1
I	Urich Fune	ral Home	210 I	Belair Rd.	Balt	to.Md.	DATE	141	956 Na	wso	nd.	das	ber

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		E-1-2	Date of the Control		
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41	MARYLAND STA
is necessory, please exector. Page 4 should be	f. PLACE OF DEATH a. COUNTY D. CITY OR TOWN If outside corporate limits, write EURAL and give nearest lown) A C + 1 MO = C d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
If ony delay is the funeral dire d for your less the regis	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED E WIDOWED 100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
d within 24 hours offer 8. Give Poges 1, 2, on PM3. Poge 5 moy be rmit. File poges 1 and	13. FATHER'S NAME Price 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOC [Yes. no. of uglanown] [If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse par line for (
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. At hours ofter death. At hours ofter death, and the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to now the Chief Medical Examiner's Office along with form PM3. Page 5 may be retaine FULL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with removal.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise la Immediate cause (a), stating the underlying Cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a, EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 20b. DESCRIBE HO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 while at work 21. I certify that I took charge af the rem death resulted fram: Natural causes ACTUAL SIGNATURE EXAMINER'S
cute by forward or rer	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.

ATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **EXAMINER'S CERTIFICATE OF DEATH**

MARYLAN

4	CERTIFICATE OF DEATH	Holld 4
D	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE Adams b. COUNTY Sol	e before odmission)
	c. GTY OR TOWN of autide corporate limits, write RURAL and g	ive nearest town)
	d. STREET ADDRESS	e. IS RESIDENCE

o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. GITY OR TOWN OF	autside corporate lir	nits, write RURAL and	give nearest	town)
BALTIMO- e 22	40 yrs	Balten	ione	22		5
I. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS	1			RESIDENCE
		106 AV8	n Beach	Pr.		N A FARM?/ □ NO 🔯
NAME OF First	A Middle	Last	4. DATE	Month	Day	Year
(Type or print) MUFUS	Indrew	Price	OF DEATH	11	8	1956
EX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE	In years IF UNDER	TYEAR IF UN	DER 24 HRS.
WIDOWER	DIVORCED .	5/20/04	lost bir	yrs. Manths	Days Houn	Min.
. USUAL OCCUPATION (Give kind of work dane 10b. K print most of wasking life, even if setired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of	r foreign country)	12. CITI.	ZEN OF WHA	T COUNTRY
teel Worker Be	thickem -	W. Alleghn	ov Co. 1	Va.		
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
has. H. Price		Lucy L	ively			
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17.	FORMANT		Address		
No 21	2-14-8738 W	Illiam A. Tri	ce 183	OW. La	nval	e St
18. CAUSE OF DEATH [Enter only one couse per line f	for (a), (b), and (c).}		-		INTERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY:	MARIA COCI	lusion			10 m	
420.1 DUE TO	87.00					
Canditians, if any, which) (b)						
gave rise to Immediate cause ((a), stating the underlying DUE TO						
cause fast. (c)	Carry To To					
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE CONDI	TION GIVEN IN PART		S AUTOPSY FORMED?
20g. EXTERNAL CAUSE WAS PRIMARY G OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	nter nature af injury in Part (or Part 11 of item 1	B.)		
20c. TIME OF INJURY Month, Day, Year 20d. II Haur a. m. While of wor	Nat while facto	E OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or town) (Cau	nty)	(State)
21. I certify that I took charge af the r	emains described aba	ve, held an Autapsy	Inspecti	on D. Inquir	y Pl. and	find that
death resulted fram: Natural causes	, Accident [], Suid	ide, Hamicide		mined cause		
(b // (r) //)	1.					
ACTUAL SIGNATURE FOLL COL	llus	M.D. CHIEF MEDICAL EXA	MINER		DATE	SIGNED
		ASSISTANT MEDICAL	L EXAMINER		11	0-17
NAME (Type)	INS	DEPUTY MEDICAL EX	CAMINER [7]		11-	5-36-

DEPUTY MEDICAL EXAMINER NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATULE

(State)

VS. A15ME(5) 5M 9/55

BUREAU V. E.

3261 EI VON



VS. A15ME(5) 5M 9/55

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4 4 4 0 0		NT OF HEALTH—BALTIMORE, 18 11108 CERTIFICATE OF DEATH Reg. Dist. No. 44	lo			
of DEATH NTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before a b. COUNTY b. COUNTY				
OR TOWN (If outside corporate limits, write RURAL live nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Phila.	wn)			

PLACE OF DEATH					
			III.	Where deceosed lived. If Institution	on: Residence before admission)
	ltimore	MARYLAND	o. STATE Pen	n. b. COUNTY	
b. CITY OR TOWN (IF	outside corporate limits, write RL	JRAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
and give nearest town	ore Ce		Phi	_	75 3
		not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	ski Highway	or in hospitor, give siteer occiess)		1 37 3543 04	ON A FARM?
	err urknigh		1/4	4 N. 15th St.	YES NO
B. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	ANNA	(REDD)	REND	DEATH NOV.	26. 19 56
S. SEX	6. COLOR OR RACE 7.		DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HRS.
Female	Colored w	Separated DIVORCED DIVORCED	12/31/1919	last birthday) 36 yrs.	Months Days Hours Min.
Og. USUAL OCCUPATIO	ON (Give kind of work don	10b. KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY
during most of working	g life, even if retired)	Public			U.S.A.
Presser		FUOLIC		le, S.C.	U. D. H.
3. FATHER'S NAME	2702		14. MOTHER'S MAIDEN	March Control of the	
	Grawford		Lula	Harris	
5. WAS DECEASED EVI	ER IN U. S. ARMED FORCE	ical	NFORMANT	Address	
No		191-16-7048 Ma	mie Williams	728 Shirley S	t., Phila. Penn.
816×	TH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	S	kull fractur	0	
Conditions, if or					
gove rise to immed (o), stoting the s	diote couse				
gove rise to immed (o), stoting the s	diote couse DUE TO (c)	IONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	HINAL DISEASE CONDITION GIVEN	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO A
gove rise to immed (o), storing the scouse lost. PART II. OTH 200. EXTERNAL CAL PRIMARY To or CO CAUSE OF DEATH.	diote couse DUE TO (c)	IONS CONTRIBUTING TO DEATH BUT I	Enter noture of injury in Po		PERFORMED?
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gove rise to immed (o), stoting the scouse lost. PART II. OTH 200. EXTERNAL CAL PRIMARY TO CON CAUSE OF DEATH. 201. TIME OF INJURA HOUT TO CON CAUSE OF DEATH. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL CREMATIO REMOVAL (Specify) Removal 23. FUNERAL DIRECTOR*	JEE SIGNIFICANT CONDIT JEER SIGNIFICANT CONDIT NY Month, Day, Year 11/25/ 19 56 and I took charge of from: Noturol conform. William V. N, 22b. DATE THEREOF 11/30/56	DESCRIBE HOW INJURY OCCURRED. (I Auto-truck colli 20d. INJURY OCCURRED Not white of work of work foot of work of work Lovitt, Jr., M.D. 22c. NAME OF CEMETERY OR Mt. Lawn Ceme ADDRESS	Enter noture of injury in Posion CE OF INJURY (Home, for ory, street, office bidg., etc. street) ve, held on Autopoicide , Homicide _M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL CREMATORY	th I or Port II of item 18.) The symmetry is a symmetry in the symmetry in th	(County) (Stote) PERFORMED? YES NO (Stote) Ralto. Md. Inquiry , and find that Use DATE SIGNED NOV. 29, 19 county) (Stote)

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23	CERTIFICAT	E O	F D	EAT

11109 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Balt	timore	MA	RYLAND	2. USUAL RESIDENCE o. STATE Md.	(Where deceased	lived. If institution b. COUNTY	-	before odmiss	ion)
b. CITY OR TOWN (III RURAL ond give ne	f outside corporate limits, voicest town) ONSVILLE	write c. LENGTH OF STA	AY IN 16	c. CITY OR TOWN	(If outside corpor lerwood	ote limits, write R	URAL ond giv	re nearest town) ×
OR INSTITUTION	At (If not in hospital, give		ng Ave	d. STREET ADDRESS		na Ave.			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	First ELSTI	Midd	dle	Lost RIEKER	4. DATE OF DEATH	Mon	Nov. 2		Year 19 56
5. SEX Female		MARRIED NEVER MAR	CED 8	Apr. 28,]	1880		IF UNDER 1	YEAR IF UNDE	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work done king life, even if retired)	at home	OR INDUS		tote or foreign co Carolina	untry)	12. CITIZ	EN OF WHAT	COUNTRY
15. WAS DECEASED EVER	Vallace Schal R IN U. S. ARMED FORCES Ill yes, give wor or dates of service	7 16. SOCIAL SECURITY N		(unknown formant) Marlin W.	vn) We	Addr - 8109 Be	***	Ave.	
Conditions, if ar gave rise to in couse (o), stoting (lying cause lost.	mmediote (Cerebral on Hyporten	HOS	Cardia . Y	asculus RMINAL DISEASE	CONDITION GIV	EN IN PART 1	15 (o) 19. WAS / PERFO	a.
	MEDICAL EXAMINER) Y Month, Day, Year	o. DESCRIBE HOW INJURY 20d. INJURY OCCURRED While Not while of work at work	20e. PLA	CE OF INJURY (Home, 1 ory, street, office bldg.,	form, 20f. (City		(Cou	unty)	(Stote)
21. I certify the alive an	at I attended the de	. 1		00000000000000000000000000000000000000			nd an the		
220. BURIAL, CREMATION REMOVAL (Specify) Burial		22c. NAME OF CE			22d. LOCATI	ON (City, town, o		(Stote	2)
23. FUNERAL DIRECTOR'S	S SIGNATURE VILLE	ener Xbu	1-13		EC'D BY REGISTR		TRAR'S SIGN		(4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 mild be detached for use as the burial-transit permit. Then please remove carbon papers. Pages in 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11112

† PLACE OF DEATH	Reg. Dist. No. 3
o. COUNTY Baltimore MARYLAND	o. STATEMaryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
534 Walker Ave. Drumcastle Apts.	534 Walker Ave. Drumeastle Apt 1 No 11
3. NAME OF DECEASED (Type or print) EDNA M. RITTER	Last 4. DATE Month Day Year DEATH November 18 19 56
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Female White WIDOWED DIVORCED N	DATE OF BIRTH 9. AGE (In years lost bighday) 19. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Cashier Sherwood Oil Company	Baltimore Marvland USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George A. Ritter	Caroline Koch
(Yes, no, or unknown) (If yes, give war or dates of service)	Ward Ritter 625 Murdock Road
18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	y Occhine States
Conditions, if ony, which gove rise to immediate cause (a), staling the underlying DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum_ \) NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH.	nter noture of injury in Port I or Port II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLAC foctor work of work of work 19	E OF INJURY (Home, form. 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above death resulted from: Natural causes Accident 17. Suice	
Total Course Courses [4] Accident [], 3010	ide, Homicide, Undetermined cause
SIGNATURE CHARLES HOROUNELY	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) (NO NOS FO DONNE)	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER
220. BURIAL CREMATION, REMOVAL (Specify) BURIAL NOV: 21-1056 Baltimore C	ckematory 22d. Location (City, town, or county) (Stote) emetery Baltimore Maryland
23. FUNERAL SINECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 1800 17ATE //-23-56 Mabel bay
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MARYAMO STATE DEPARTMENT OF REALTHLEAN IIMORIC .
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(Stote)

Year

19 56

Day

U. S. A.

Days

(County)

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11114

Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence

O. COUNTY Baltimore MARYLAND	O. STATE Mary cand b. COUNTY Montgornery C
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson 1 year	c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town Takoma Paula, Made. 15-17
d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Mt. Wilson State Hospital	d. STREET ADDRESS ON A FARM? ON A FARM? ON A FARM?
3. NAME OF DECEASED (Type or print) Freederies Afthert	Roman OF DEATH Notems 17 1956
5. SEX Marke 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 11-9-1883 9. AGE (In years lost birthday) 73 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF BUSINES	17. TRY 11. BIRTHPLACE (State or foreign country) 19.72 Balto Md. Montgonic
13. FATHER'S NAME John A. Roman	14. MOTHER'S MAIDEN NAME Gregory.
(Yes, no. or unknown) Iff yes, give wor or dates of service}	OSPITAL records Mt. Wilson State Hospital
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	fans. Jibrote for interval Between onset and Death
Conditions, if any, which) (b) Monar, In	lerentons, bilateril in 1352
gove rise to immediate couse (a), stoting the under-lying couse last. DUE TO CC CC CC CC CC CC CC CC CC	- flbrichtion
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART, 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER.
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 19 of work 19	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 1/3 22	
alive on Nov 17, 1956, and that death ACTUAL SIGNATURE William Murany	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNED
PHYSICIAN'S William Newcomer, M.D.	Mt. Wilson, Maryland
226. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Burial Nov. 21, 1956 Cedar Hill C	(3,00)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CURRENT & Tumpkery, Silver Spring,	240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11128 CERTIFICATE OF DEATH

						Keg. Dist.	. 140.	
1. PLACE OF DEATH o. COUNTY Bal	timore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md	nere deceased liv	ed. If instituti b. COUNTY	on: Residence	befare admission)	
b. CITY OR TOWN (If outside con RURAL and give nearest fawn)	The state of the s	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o		limits, write R	URAL and giv	re nearest town)	E 11
d. NAME OF HOSPITAL (If not in OR INSTITUTION			d. STREET ADDRESS				e. IS RESIDENT ON A FARA YES NO	45
3. NAME OF DECEASED (Type or print) Ch	fint arles A.	Middle Sauer Jr.	Lost	4. DATE OF	Mon IOV. 4t		Day Year	
	OR RACE 7. MARR	NEVER MARRIED	B. DATE OF BIRTH Oct.21st,187	,	AGE (In years last birthday)		YEAR IF UNDER 24	HRS.
10a. USUAL OCCUPATION (Give kinduring most of working life, every Painter	nd af work done 10b.	KIND OF BUSING PORTINDA	ISTRY 11. BIRTHPLACE (Stote	or foreign count	ry)	12. CITIZ	EN OF WHAT COU	NTRYY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
Charles A.	Sauer Sr		Marv					
15. WAS DECEASED EVER IN U. S. A	ARMED FORCES? 16.		INFORMANT Mrs Bessie Sa	nier (Wi	Addi	ress OVe		
Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO (b) DUE TO (c)	rebral Lewor repsy. Tumor of	the brain rkrio scler	osis.		EN IN PART I	ONSET AND DEA'	intly PSY
PART II. OTHER SIGNIFIE 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)	ING () 206. DESI OF DEATH KAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in f	Port I or Port II	of item 18.)			
20c. TIME OF INJURY Month, Hour o. n. p. m.	Day, Year 20d. It 19 While at wor	Not while fo	ACE OF INJURY (Home, farm octory, street, office bldg., etc.	, 20f. (City or	town)	(Co	unty) (S	tate)
21. I certify that I after alive on Superior Actual SIGNATURE PHYSICIAN'S FUE	uber, 125	and they death	M.D. 413 ENG	ADDRESS (Street	, city or town,	ind an the	st saw the dece date stated all DATE SI	bave.
220. BURIAL, CREMATION, 22b. DA		Jaum an w		22d. LOCATION	V (City, town, o	of county)	(State)	
REMOVAL (Specify) BUT181 NOV	7th, 1956	Oak Lawn Cer	netery		n Blvd.			
23. FUNERAL DIRECTOR'S SIGNATURE John G. Connel		ADDRESS Eastern Blvd H	B 1 (3 3 / 19	by registrant 1950	24b. REGIS	TRAR'S SIGN	Juley on	
							The	

11728 CERTIFICATE OF DEATH

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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11129 CERTIFICATE OF DEATH

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Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Md. Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bal timore Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? House in the Pines - 16 Fusting Ave. 3036 Edmondson Ave. YES NO NAME OF First Middle 4. DATE Month DECEASED OF DEATH SCHEIB Nov. MARY E. (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours DIVORCED T WIDOWED | 1879 7 yrs female white Jan. 3 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Dept. Edu.Balto. Md. School Teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry A. Scheib Mary L. Sexton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. John L. Scheib - Cedar Rd., Littleton, Mass. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying souse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. 11. While Not while at work of work D. m. 21. I certify that I attended the deceased from JAN . 17 1955, to Nov. 15 1956, that I lost saw the deceased and that death occurred at 7:00 A.M., from the couses and an the date stated above. olive on No V ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S KNIPP M.D NAME (Type) 22b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Stote) Loudon Park Balto. Md. Cem. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24q REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11130 CERTIFICATE OF DEATH

8 111137 Reg. Dist. No.

	I. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decease a. STATE	d lived. If institution, Resident	ce befare admission)
1	Baltimore	MARYLAND	Maryland	Ba	ltimore
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpo	orate limits, write RURAL and g	give nearest tawn)
1	Pikesville	Life	Pikesville		X
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Old Court I	Rd.	Waldron Ave,		YES NO
	3. NAME OF First DECEASED	Middle	last 4. DATE OF	Manth	Day Yeor
	(Type or print) Charles	William	Schildwachter DEATH		7. 19 56
		RIEDE NEVER MARRIED	8. DATE OF BIRTH		I YEAR IF UNDER 24 HRS.
	Male White widow	ED DIVORCED	Sept.15.1886	70 yrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU		country) 12. CIT	IZEN OF WHAT COUNTRY
	during most of working life, even if retired) Butcher	Retired	Maryland		.S.A.
	13. FATHER'S NAME	Mectied	14. MOTHER'S MAIDEN NAME	0	. D . A .
		ahtan	Elizabeth Pete		
	Henry Schildwa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.				
	(Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT	Address	
	NO NO 2	L7-07-4659 H	oward H.Schildwa	achter, Pike	sville, Md.
	18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c).}	-0	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mary	thrombo	ses	W P
	420.1 DUE TO ()		0		
	Conditions if now which \	o Time of	lan el		
	gave rise to immediate	- Curry	Marie Const		
	cause (a), staling the under-	Mare .	1		- / - () - () - ()
1	lying cause last. (c)	mocken	uus		
7	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	PERFORMED?
	CA	V			YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Par	t 11 af item 18.)	
1			ACE OF INJURY IHame, farm, 20f. (Cit	y or tawn) (C	Caunty) (Stale)
ı	Haur a.m. 19 While at wor	THUI WILLIAM	ctary, street, affice bldg., etc.)		
		1////	1 31 11/5	1 1	
	21. I certify that I attended the deceas	ed fram	, 19.20, toll	/, 19_2_Ghat I	last saw the deceased
	alive an 197	2, and that death	accurred at 7 Q, M, frai	m the causes and an th	ne date stated above
	1 to 0 an	1	ADDRESS (S	Ireet city or town, state)	DATE SIGNED
	SIGNATURE SIGNATURE	rhu	M.D. Landalls	brown	Tul
	1 5 11	٠ ١			1767
	PHYSICIAN'S NAME (Type)	RIIN	19AND4115	TOWN	Mad -
	22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	P CREMATORY 224 LOCA	TION (City, tawn, ar caunty)	(State)
	REMOVAL (Specify)				(2101e)
	Burial 11-9-1950 23. FUNERAL DIRECTOR'S SIGNATURE			stminster Md	•
	23. TOISERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS	1	MATURE)
	(13 Ale . 11 11 11 11 11/12 12 1	1110111111111	, Md DATES 1 1 0	101: 10 -16	11.001/

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	ota notates	second depoted in	
	and of the court of		Marie Santa
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BIC ACTIVES AS FORD	and II told I have		
		Marie San Commence of the Comm	
	the state of the s		
et til grand og sæt fyrike og 21. Spekk og finde grand fyrike og 21.	Allor Appli and Allow as between		
	A A A A A A A A A A A A A A A A A A A		
et til grand og sæt fyrike og 21. Spekk og finde grand fyrike og 21.			
BUREAU V. S			

5M 9/55

Reg. Dist. No. e. IS RESIDENCE ON A FARM? YES NO M Year 19 IF UNDER TYPE AR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO A (County) (Stole) Inquiry ! and find that DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYCAND STATE OFFAILTHEN OF HEALTH-BALTHMORE.

BUREAU K. S.

9961 43 NON



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEC

9961 L 101 TO THE OWNER OF THE PARTY OF TH SENSORINE TEACHER PROPERTY hours after death.

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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3961

DEC 3

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1	34	~ W1	30 1st 1	34 MARYL	AND STAT	E DEPARTMENT	OF HEALTH-BALTI	MORE, 18	11122
		1. (Ty	NAME OF DE	CEASED /	CER	MORKU		2. DATE OF DEATH	2/5-6
Page directar	plied		PLACE OF DE	EATH: ity, Maryland	Cot	paille	4. USUAL RESIDENCE	DENTIT /	institution: residence before admission)
eral di be file	dns	B. F	FULL NAME OF		pital or institut	tion, give street address o		If outside corporate limi	ts, write RURAL and give
fune fune auld b	A CONTRACTOR		TITUTION	30 h. 1	ymung	tous are	Boltun	- 2	township)
rs afte by the 72 sho	carefully	0	Length of st	ay in Baltimore		43 HG Mos. Days		(Tural, give location)	are
24 hou	ld be		SEX	6.COLOR OR RAC	, ANDON	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	ft Under I Year on the Days Hours Min.
within stely fill	should	10/ work	done during most o	CUPATION (Give kind I working life, even if retire	of 108. KINE	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
omple apers.	NDING information s of death cle	13.	FATHER'S N	AME	•	•	14. MOTHER'S MAIDEN	NAME	4 9. H.
and con pour dea	Se ma		4	eluo	m	,	Gulin	our	
sician re carb rs afte	BINDIN of infor	15, (You	no or unknown)	D EVER IN U. S. ARM	AED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	-41	ADDRESS
g phy rema rema 72 hau	4 3 1	T	18. 44				OF DEATH	/ .	ONSET AND DEATH
endin endin ithin				LEADING TO DE not mean the mode	EATH	8,	oronanies	ocalusia	2
the att hen p	Every write tl		heart failu	re, asthenia, etc. It m complication which	neans the diseas	se,	/	1 1	,
d by the	000	7		ANTECEDENT, ÇA	USES	(B)	brome hu	we faite	ne
signed it perrid	G INK.	RTIFICATION	RISE TO T	OR CONDITIONS HE ABOVE CAUSE (TING CONDITION	A) STATING T	NG	bertencion	tartus.	of .
ysician. ysician. been si transit		FICA				(C)	/ / 00 1 / 00 / 51 / 00 / 00 / 00 / 00 /		9845
N: The ding phase burial e burial	MARGIN UNFADIN Physicians	CERTI	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BU SEASE OR CONDITI	JT NOT RELAT	ED			
YSICIA or after certific e as th	₩.	AL	19A. DATE O	F OPERATION	198. MAJOR	R FINDINGS OF OPE	RATION		20. AUTOPSY?
NG PH aspital of fer this d far us		EDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg		(If in Baltimore City,	give exact location)
TTENDI 7 the ha 10R: Al detache ta burio	7.	Σ	210. TIME (OF INJURY	Month) (Day) (Ye		21E. INJURY OCCUR		RY OCCUR?	
OR A lined by DIRECT Id be o	PL		22. I hereb	y certify that I c	attended the	deceased from H	ely 15 219 5/2 to	1000. 12, 19	Sthat I last saw the
TA ST	WRITE e is esp		deceased al	ive on //1/2	19 5%	and that death occi	erned at Sam., from	the causes and on	the date stated above.
HOSP Idy be FUNE age 3	WRI ge is	1	0	Tanky	Ankee	401 M.O.	1802 W. 321	timore - To	111/5,56
TO HO TO FU	田 四	TJC	A. BURIAL. ON REMOVAL (S	pecify)	1561	24c. NAME OF CEMET	Le Cequere 1	LOCATION (City, tow	or county) (State)
VS A15 (4) 15M 9/55	PLEAS		TE RECEIVE		R'S SIGNAT	URE	Seale W	reboushoe	103 MC Lucy &
		-							

MARYLAND STATE DRPARTMENT OF HEALTH-BALTHORE. I

No. 2018 No.	TE OF DEATH	CERTIFICA		
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			OT 100 maller	Cambinos, 1 mp. gree zie in inme yenn (sp. trefeg für frég sons lang
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		V		PROTEINER PROCESSOR

CERTIFICATE OF DEATH

ALCOHOL STREET, SALVEY BENEFIT

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BUREAU V. E.

9961 67 AON

BECEINED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11135 CERTIFICATE OF DEATH

11124 Reg. Dist. No. 44

1.	o. COUNTY Ba	ltimore		MARY	LAND	o. STATE	(Where decease ryland	d lived. If instituti b. COUNTY		ce before o	admission)
	b. CITY OR TOWN (I	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo	prote limits, write F	RURAL ond g	jive neares	st town)
	Fort Howay			3 days		Baltimor				31/	01.11
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET ADDRESS			1,7		IS RESIDENCE
7	Veterans A	dministrati	lon H	lospital		311 S. Sha	rp Stre	et			ON A FARM?
3.	NAME OF DECEASED (Type or print)	Fie WIL		Middle (NM		SHIELDS	4. DATE OF DEATH	Nover	****	Doy 24	Year 19 56
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED T	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR IF	UNDER 24 HRS.
	Male	Colored	WIDOW			11/16/91		65 yrs.	Months	Days h	dours Min.
100			done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLACE (SI	ate or foreign c	ountry)	12. CIT	IZEN OF	WHAT COUNTRY
	Laborer	ing life, even if refired	,	Unk.		Cambrio	dge. Md			U.S.A	Α .
13.	FATHER'S NAME			OHA		14. MOTHER'S MAIDE	25-7	•		0.00.7	1.0
	LITTY TAX	CHITETEC									
16	WAS DECEASED EVER	SHIELDS	CES2 114	SOCIAL SECURITY NO	117 10	MARY BAI	MVD	Add	lance		
(Ye	es, no. or unknown)	If yes, give wor or dates of s	ervice)								24.0
	Yes VI	WWI		219-20-9724	Cl	in.Rec.Vets	.Admin.l	Hospital,	Ft.Ho	ward	, Md.
CERTIFICATION	Conditions, if or gove rise to in cause (a), stoting I tying cause last. PART II. OTH ARTERIOSC 20a. ACCIDENT WA	he under- DUE TO (c) ER SIGNIFICANT CON CLEROTIC CA)) DITIONS	-VASCULAR	ATH BUT	NOT RELATED TO THE TE ASE O. (Enter noture of injury)	RMINAL DISEAS			T 1(o) 19.	WAS AUTOPSY PERFORMED?
MEDICAL	20c. TIME OF INJURY Hour a. n. p. m.		20d. I While at wo		20e. PU	CE OF INJURY (Home, flory, street, office bldg.,	farm, 20f. (City	r or tawn)	(0	County)	(Stote)
	ACTUAL SIGNATURE C PHYSICIAN'S NAME (Type) C	J. PAPAST	care e7 rat,	м.D.	deoth	21 , 19 56, to occurred at 2: 2 M.D. Veterans Fort How	5A M, from ADDRESS (S Admini	m the causes of treet, city or town, stration	and on the state) Hospi	ne date	
22	REMOVAL (Specify)	11/28/50		22c. NAME OF CEM		National		TION (City, town,		- I an a	(State)
22	Burial FUNERAL DIRECTOR'S		,	ADDRESS	MOTE			altimore	STRAR'S SIG		
			777 0 0		O37 41		EC'D BY REGIST	1 V.		0 1	Forla
	HARLES R.	LEW MORTUA	TY_OC	12-01 MADIS	ON A	VE. BALTOPME	11/11	1260011	TO NEW	00 1	(MILE)

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	DATE OF THE PART O		
		A THE RESERVE OF STREET	
			200 HI F - 100 HI
		CONTROL DESCRIPTION AND A	
	transferance of the second way.	NEW AND REAL PROPERTY.	
BUREAU V. S.			I for a Strain on Alban 1.75
9961 "CE 110"	A SHAPE IN THE REAL OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE REAL PROPERTY.		THE PARTY OF
			Marie Lie Liebter
MS ALTO		o como do altras	
CIE MAN TOWN	(All tales and second		PANAMER CAUCING 1978974 TO

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No VOI e. IS RESIDENCE ON A FARM? YES NO E Day Yeor 19 56 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH

(Stote)

(Stote)

THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO

. 1956that I last saw the deceased

and that death accurred at 3:30AM, from the causes and an the date stated above.

24b. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

EDIT TO

BALLTOAN

BUREAU V. S.

9961 88 NON

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

9561 68 VON

BECEINED

VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11127 g. Dist. No.

					Kañ. Disi. IAC	U.
1. PLACE OF DEATH o. COUNTY Balto . MA	RYLAND 2.	USUAL RESIDENCE o. STATE	(Where deceased Md.	lived. If institution b. COUNTY	: Residence before	fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	AY IN 16	c. CITY OR TOWN	(If outside corpore	ote limits, write RUR	tAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cabonsville Convalescent	Home	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		3019 B	alder Av	e.		YES NO
3. NAME OF First Mide DECEASED (Type or print) GERTRUDE	SM	Lost IELSER	4. DATE OF DEATH	Month		Pay Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR Female White WIDOWED Tr DIVOR		ATE OF BIRTH	0 - 0		Months Doys	R IF UNDER 24 HRS
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			898 ote or foreign cou		12. CITIZEN	OF WHAT COUNT
3. FATHER'S NAME	1-	4. MOTHER'S MAIDE	N NAME			
All Standon Clareman	1370-1					
Alexander, Slaysman 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	17. INFO	DAAANT	Sla	vsmen		
(Yes, no, or unknown) (If yes, give wor or dates of service)				Addres		
	Mr	s. Hazel (G. Birni	25 GW	vnn Lak	ce Drive
Conditions, if any, which gove rise to immediate couse (o), stoling the underlying couse lost.	sclon	zis				uknore
200. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OF CONTRIBUTING TO DESCRIPTION OF CONTRIBUTING TO DESCRIBE HOW INJURY OF CONTRIBUTI	DEATH BUT NOT	T RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVEN	I IN PART 1(a)	PERFORMED? YES NO
DOB. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (E	nter nature of injury	in Part 1 or Part	I of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. p. m. 19 While Not while at work at work	20e. PLACE factory	OF INJURY (Home, f , street, office bldg.,	arm, 20f. (City of	or town)	(County)) (State
21. I certify that I attended the deceased fram. 9 -	17	_, 19.56_, to_	11-2	1954	that I last s	saw the deceas
alive on 11-2 1256 and the	at death ac	curred at 934	SP M. from	the couses an	d on the de	ate stated above
				et, city or town sh		DATE SIGN
SIGNATURE CESTION SS MACH	1088 M.D.	908 F1	redoni	CIC K	& CAZ	owid4 11-
PHYSICIAN'S TEPHEN LEE MAGNE	-58					
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 17/6/56 Woodl	METERY OR CR			ON (City, town, or		(State)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	A WC Let		BO'D BY REGISTR		RANS SIGNATU	IDE
Think likener + sons - 1	5,90	17 M BATE	hor I 10.	T.	1 2/	rry.

CONTRACTOR AND AND AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE SATES AND SOUTH TO SERVE registrar within 72 hours after by the funeral director, the

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11140 CERTIFICATE OF DEATH

Reg. Dist. No. 33

11128

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY /3 altimore MARYLAND	STATE Mary Coul COUNTY Balturel
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give negresh town)	CITY (If outside corporate limits, write-RURAL and give nearest town) OR
OR and give neeresh town) TOWN (in this place)	TOWN Butter
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR 7	ADDRESS E DO P
STREET ADDRESS Talks (Cel	races ~ a
3. NAME OF DECEASED (First) Wargaret (Middle) (Middle) (Type or Print) Wargaret Ethel.	(Last) 4. DATE (Month) (Dey) (Year) OF DEATH NOV 27
5. SEX 0 6. COLOR OR 7. SINGLE, MARRIED, 18. DATE O	F BIRTH 9- AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Faca al Coured (Specify) Married 175	cpt 1892 64 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cognity) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Taloot Doren port	Elisa Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, give war or dates of service)	Dangliter - Same oddress
18. MEDICAL CER	TIFICATION / INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
170 V IMMEDIATE CAUSE (A) Cauch (ext beas 16 mentes
170	
AMERICAN CHOSE(S)	
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while AL et work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19. 19. 10. nov 15 6, that I last saw the deceased
alive on 19 and that death occurred at	J. S.P.M, from the causes and on the date stated above.
SIGNATURE 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS (Street, city, town, state) DATE SIGNED
M.D.	CorneySville had 27 Noviett
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, Iown, or county) (State)
REMOVAL (SPECIFY) May 30/50 Jours,	methodist Baltimore County and
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 11 - 28-56 Morey B. Eline.	F. Eline Aons Rustinstown Mid
	1

MARTIAR STATE DEPARTMENT OF BIALSH-SALTRADES, 31

DEATH OF DEATH

MODIFICATION OF TAXABLE PARTY.

BUREAU V. S.

23

OBAIDE CEINED

1. - 28-56 Mary 13 Elive.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 11141

Reg. Dist. No.

111	29,0
Dist. No.	20

1. PLACE OF DEATH o. COUNTY	Villa Maria, Baltimore Co	Notch Cliff unty MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore					sion)
RURAL ond give n	Towson			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Notch Cliff near Towson				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st	reet address)	d. STREET ADDRES	\$			e. IS RE	SIDENCE
OK INSTITUTION	Villa Maria		Glenarm	Rd.				A FARM? /
3. NAME OF DECEASED (Type or print)	ster Mary Nat	Middle ivity Spencer	Lost	4. DATE OF DEAT			Day 10	Year 1956
5. SEX Female		AARRIED NEVER MARRIED A	B. DATE OF BIRTH Aug. 21,	1870	9. AGE (In years lost birthdoy)		YEAR IF UND	ER 24 HRS.
100. USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (S		country)	11 23 50	EN OF WHA	T COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME				
Joh	n Spencer		Aug	usta Sc	humacher			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17.	Sr. Mary Cl		Add			
	ATH [Enter only one couse p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).]	Osteo	Sarcoma			INTERVAL B	DEATH
Conditions, if a gove rise to i couse (o), stoling lying couse lost. PART II. OTI	mmediate the under- (c)	NS <u>CONTRIBUTING</u> TO DEATH BI	UT NOT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GIV	'EN IN PART I	PERFO	AUTOPSY DRMED?
20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Port I or Po	ort II of item 18.)			
20c. TIME OF INJUR Hour a. n. p. m.	W	od. INJURY OCCURRED hile Not while work of work	PLACE OF INJURY (Home, octory, street, office bldg.,	farm, 20f. (Ci	ty or town)	(Cod	unly)	(State)
alive on Nov	Charles F	Donnely	h accurred at 8 1.	AM, fro ADDRESS (Street, city or town, Rd. Jon	ind an the	date stat	
NAME (Type)	Dr. Charles F	. O'Donnell 75	Ol York Rd.	Towson	, Md.			
220. BURIAL, CREMATIC REMOVAL (Specify) 23. FUNERAL DIRECTOR	N. 22b. DATE THEREOF 11-12-5 SIGNATURE 901	22c. NAME OF CEMETERY 6. VILLA MA ADDRESS C ADDRESS AND C	RIA CEM	4.0		FF NR	(Sto	d.
to harles ,	4. Jules 101	BALTO, 24. N	DATE DATE	Nov. 13.	1959 M	efel ,	Grayn	

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11142 CERTIFICATE OF DEATH

	11	130,66	
g.	Dist. No.	99	

1. PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard d. NAME OF HOSPITAL (If not in hospitol, give street address) C. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss a. STAT Maryland b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS e. IS RE	
RURAL and give nearest town) Fort Howard d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION d. STREET ADDRESS OR INSTITUTION ON O	n)
OR INSTITUTION	11-4
Tr + 4 + 4 + 4 + 1 + 1 + Tr = . 24 - 7 OF 7 D7 1 C4 4	FARM?
3. NAME OF First Middle Lost 4. DATE Month Day (Type or print) MARTIN STEFANSKI DEATH November 15	Year 1,556
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED October 13, 1896 8. DATE OF BIRTH 9. AGE (In years lif under 1 YEAR IF UNDER 1 Y	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Poland 12. CITIZEN OF WHATER 11. BIRTHPLACE (State or foreign country) U. S. A.	
13. FATHER'S NAME Thomas Stefanski Ceccelia Wozniak	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records, Vet. Adm. Hosp., Ft. Howard,	Md.
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), storing the under- lying cause lost. INTERVAL B ONSEL AND SEL AND SE	TWEEN DEATH
PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN DISEASE	AUTOPSY ORMED?
20c. TIME OF INJURY Month, Day, Year Hour a. jt., p. m. 19 20d. INJURY OCCURRED While Not white at work at wo	(State)
220. BURIAL CREMATION, REMOVAL (Specify) 11 - 19 - 56 Oak Lawn Cemetery 22d. LOCATION (City, town, or county) Burial 22d. LOCATION (City, town, or county) Baltimore, Maryland	•)
23. FUNERAL DIRECTOR'S SIGNATURE Charles S. Zeiler Funeral Home, 901 S. Conkling DATE V 1 9 1956 Nawson & Jackson &	lezz

		STATE DEPARTM	CHARYLAND	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10989 CERTIFICATE OF DEATH

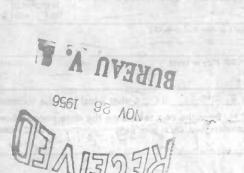
11131/

		CERTIFIC.	AIL OI DEAIL	Reg. Dis	st. No.			
1. PLACE OF DEATH o. COUNTY	Beltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	b. COUNTY Ball	ce before admission)			
b. CITY OR TOWN (I FURAL ond give no		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	outside corporate limits, write RURAL and g	give nearest town)			
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, give st		d. STREET ADDRESS	eeds Lyenue	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	First John	Middle William Ste	Lost	4. DATE Month OF DEATH November 2	Day Year			
s. sex	3000 4 4	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH December 12		1 YEAR IF UNDER 24 HRS. Days Hours Min.			
10o. USUAL OCCUPATION during most of work	king life, even if retired)	10b. KIND OF BUSINESS OR INDU Southern Note	and the same of th		IZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		-	14. MOTHER'S MAIDEN N	IAME				
John V.	Stevens		Marare	t Reiley				
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	0-6 12006	Mrs. Henrie	Address etta Stevens 928	Leeds -ve.			
20a. ACCIDENT WA	mmediate the under (c) (c)	CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE		Corriery Jr. Lle Sperfeusion. NN DISEASE CONDITION GIVEN IN PART Port I or Port II of item 18.)	1 (e) 19. WAS AUTOPSY PERFORMED? YES NO THE			
20c. TIME OF INJUR Hour a. m. p. m.	w	Od. INJURY OCCURRED 20e. PL /hile Not while t work at work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town) (C	County) (State)			
actual signature Physician's NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify)	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 11/24/56 ADDRESS (Street, city or town, stote) DATE SIGNED ADDRESS (Street, city or town, stote) DATE SIGNED 21/24/56 PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME							
Jowel d 1	200001U 3.	TAL GETTOTIO T.	renue bate"	(Nr. Xle)	XIII. duffer			

MARYLAND STATE DEPARTMENT OF REALTH—BALTIMORE

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11143 CERTIFICATE OF DEATH

Reg.	Dist.	No.	

11132

	Reg. Dist. No. 2
1.	PLACE OF DEATH 3 afternore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission) o. STATE Delication of the country of the countr
4	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) LUTY PROVINCE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) LUTY PROVINCE X
	d. NAME OF HOSPITAL (If not is pospital, give street address) ON A FARM? YES NO IN THE TOTAL (If not is pospital, give street address) ON A FARM? YES NO IN THE TOTAL (If not is pospital, give street address) ON A FARM? YES NO IN THE TOTAL (If not is pospital, give street address)
	NAME OF DECEASED (Type or print) CHARLES MORTON STEWART DEATH NOV 13 1956
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED MAY 10 1876 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100	USUAL OCCUPATION (Give wild of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (state or foreign country) Ban Rev Refired. 12. CITIZEN OF WHAT COUNTRY? Ballo Co. S.A.
13.	harles morton stewart Josephine Surman
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 170 INFORMANT Address Another Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHR. CARDIOVASCULAR DISCASE, ARTERIOSIERS): 10 423. DUE TO DUE TO
	Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. (b) CARCLIAC FAILURE (DECOMPENSATION) DUE TO (c) CEREBRAL VASCULAR ACCIDENT
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \(\sum \)
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. p. m. 19 While Not while at work at
	21. I certify that I attended the deceased from Oct 2c, 1956, to NOV. 12, 1956, that I last saw the deceased alive an NOV. 13, 1956, and that death occurred at 329, M, from the causes and an the date stated abave. ACTUAL SIGNATURE / NGGO COLOR STORES (Street, city or town, state), DATE SIGNED SIGNATURE / NGGO COLOR SIG
	PHYSICIAN'S NAME (Type) Hugh G. Whitehead, M.D. 1201 North Calvert Street, Baltimore, Md. 1956
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stote) SEMOVAL (Specifie) 10 / 15 / 56 57 7 10 mas (TOVE 150 N FOREST)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS

CERTIFICATE OF DEATH

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VS. A15

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Md. COUNT	y Ballo.
CITY (If outside corporate limits, write RURAL! LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	give nearest town)
OR and give nearest town) (in this place) Town Rural: Towson	TOWN Lutherwille	V-
HOSDITAL OD	STREET (If rural give location)	1
INSTITUTION OR EUGOWOOD Sanatorium	ADDRESS	
STREET ADDRESS Towson 4, Maryland	17 Seminary GUE	۷
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Mary NorgareT	Stoch DEATH: 700 6	19 5 6
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER I YE. Months Day	
7 (Specify): Married 706	5. 1904 52 yrs. Months Day	78 Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR		ITIZEN OF WHAT
work done during most of working life, even if retired):	Bolto and	ISA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7. 0 1/6
John La molle	Ida Johnston	
		A
(Yes, no, or unk.) (If Yes, give war or dates of	rersonal his	
	spital Records, Eudowood Sanatori	um
18. MEDICAL CERTIFICATION	DN	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
Immediate cause (a) Carcinoma of	The soft palate with	1948
Immediate cause DUE TO		
Antecedent causes (s)	glands on both sides of the	8415
	grands on born	
	The base of the palate	
11. OTHER SIGNIFICANT CONDITIONS	THE DAGE OF THE PATTE	
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
138. DAIL OF OF BRATION.		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (ST	TATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work □ At Work □		
22. I hereby certify that I attended the deceased from 206.	(1956 to 000) 6 1956 that I last s	
		saw the deceased
	44.5	
alive on nov 6, 19.56, and that death occurred at/2	from the causes and on the date s	
alive on nov 6, 1956, and that death occurred at/2. SIGNATURE (Degree or title)	ADDRESS DA	tated above. TE SIGNED
alive on nov 6, 1956, and that death occurred at/2 SIGNATURE (Degree or title) Eudowood	Sanatorium - Towson L. Maryland	tated above. TE SIGNED
alive on nov 6, 19.56, and that death occurred at/2. SIGNATURE Degree or title) B. Eudowood B. BURIAL, CREMATION, DATE THEREOF REMOVALO (Specify) DATE THEREOF NAME OF CEMETER REMOVALO (Specify)	Sanatorium - Towson L. Maryland	tated above. TE SIGNED
alive on Nov 6, 19 56, and that death occurred at/2 SIGNATURE B. Class Eudowood B. Burial, Cremation, Date Thereof Name of Cemeter REMOVALO (Specify) Date Reco by Local, Registrar's, Signature	Sanatorium - Towson 4. Maryland	tated above. TE SIGNED
alive on Nov 6, 19 56, and that death occurred at/2. SIGNATURE H. H. G. (Degree or title) Eudowood S BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify) LUCKER 11-8-56 BURIAL RE-	Sanatorium - Towson L. Maryland RY OR CREMATORY LOGATION (City, town, or cou	tated above. TE SIGNED



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VS. A15ME(5) 5M 9/55

MA	RYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18 11
11146	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 111

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	Ph. L. A.	8.5-	1.1
Reg.	DIST.	No.	31

1. PLACE OF DEATH a. COUNTY Balt	F	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	0 0	ore admission)
b. CITY OR TOWN (If outside corpore and give nearest town)	to fimils, write RURAL	c. LENGTH OF STAY IN 16	1 12 /2	outside corporate limits, write 1	RURAL and give n	parest town)
d. NAME OF HOSPITAL OR INST	ITUTION (If not in hospite	al, give sheet oddress)	d. STREET ADDRESS	un Ann	Rd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fint	Middle 5 7		4. DATE Month	00, 20	Year
1 1	OR RACE 7- MARRIED WIDOWED	NEVER MARRIED DIVORCED		9. AGE (In years lost birthday)		IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION (Give kinduring most of working life, even	d of work done 10b. KIN		TRY 11. BIRTHPLACE (State o	or fareign country)	12. CITIZEN OI	WHAT COUNTRY?
13. FATHER'S NAME	tralegalar	s-	14. MOTHER'S MAIDEN NA	ine Schol	to.	Jet
15. WAS DECEASED EVER IN U. S. / (Yes, no, brunknown) (If yes, give we	ARMED FORCES? 16. SO		NFORMANT anna S	trohecher	- Chu	sband)
18. CAUSE OF DEATH [Enter or PART I. DEATH WAS CAUMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	CAUSE (o) DUE TO	(o), (b), ond (c).]	O.cclm	rion	ONSE	VAL BETWEEN T AND DEATH COMMO
PART II. OTHER SIGNIFICATION OF THE PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	LENGINE	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NALDISEASE CONDITION GIVE		P. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE H	OW INJURY OCCURRED. (Enter nature of injury in Port I -	or Part II of item 18.)		
20c. TIME OF INJURY Month	While	Not while fac	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or tawn)	(County)	(State)
21. I certify that I took death resulted from: N						and find that
ACTUAL SIGNATURE D. D.	Caples	,	_M.D. CHIEF MEDICAL EXA	MINER		DATE SIGNED
EXAMINER'S 77 1	CAPL	ES.	ASSISTANT MEDICAL EX		/	1-20-52
22a. BURIAL CREMATION, 22b. DA REMOVAL (Specify) 11/	724/19561 220	c. NAME OF CEMETERY OF Woodlawn	Cemetery 2	22d. LOCATION (City, town, or Baltimore, A		(State)
Ellsworth Arn	nacost -460	Liberty H		BY REGISTANG 246. REGIST	PRAR'S SIGNATUR	narten:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Settle Asset No. 5		Logical Company	b1162m1-23	Bufft 50 a V
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e. IS RESIDENCE

ON A FARM?

YES NO

19

Year

Reg. Dist. No.

Baltimore

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Bellona Ave

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO NO

Months

(County) (Stote) 27, 19 5 6that I last saw the deceased and that death accurred at 11.75 f.M. from the causes and an the date stated above 22d. LOCATION (City, town, or county) (Stote) Maruland 24b. REGISTRAT'S SIGNATURE

VS A15 (4) 15M 9/55

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		BUREAU V. S.
		BREEVN A. & 1956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

ENGRICERTIFICATE OF DEATH

Reg. Dist. No.....

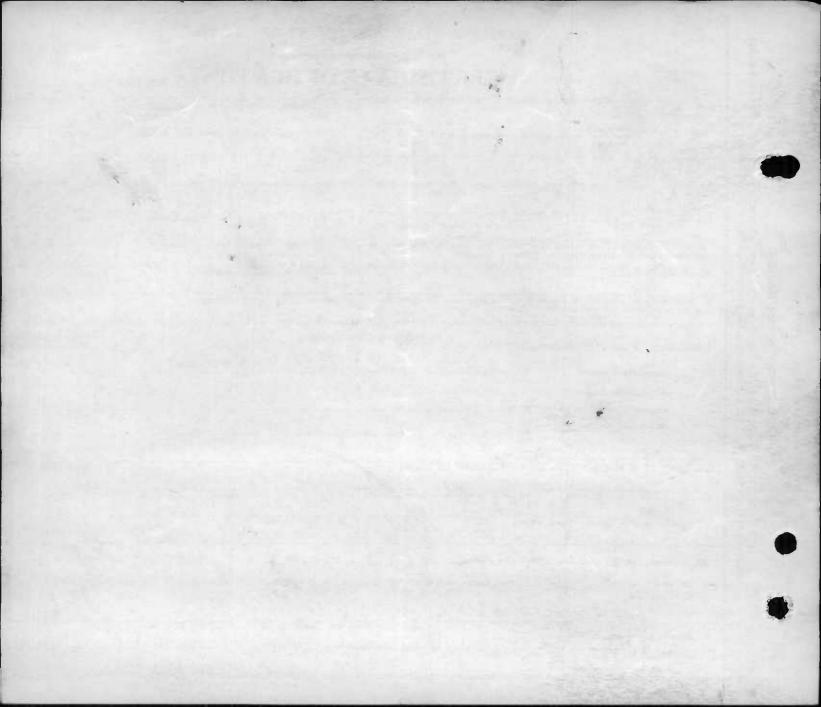
ł	.0330	Treg. District	•
١	I. PLACE OF DEATH- COUNTY Balton MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Balto.
k	CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
	HOSPITAL OR INSTITUTION OR 1762 BrookviewRd	STREET ADDRESS 1762 Brookvis	w Rd
I	3. NAME OF ALLY ALL (First) (Middle) (Type or Wint) ALL HOLK M. SW	Idar SKI J. DATE (Month) OF DEATH WOY.	(Day) (Year) 2 1954
I	5. SEX 6. COLOR OR RAGE 7. SINGLE, MARKIED, WIDOWED, DIVORCED, (Specify)	JON 11884 D yrs.	Days Hours Min.
١	done during most of working life, even if setired INDUSTRY	Nework Buttalo	CITIZEN OF WHAT
	MICHAEL SWIDE OF STILL SECURITY NO.	May V Jah Ka	
	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If year, give war or dates of 214-0-7782	Anthon CTSW Iderski 176	3 Brookriss
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
l	157X Immediate cause (a) Carcinoma	f Me Can creas	4 40
ı	Antecedent cause(s)		
	Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		100 00 00 00 000 000 000 000 000 000 00
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
	HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from Nov 2	, 1956, to Nov 2, 1956, that I last s	aw the deceased
	alive on 1956, and that death occurred at	ADDRESS ADDRESS	ated above.
	Fleshow & mockenial m.s.	671x Holahol hare	11-2-16
	REMOVAL (Specify) NOV. 5-56 HOLV CY	ERY OR CREMATORY LOCATION (City, town, or count	So Ito.Co.Md
	PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FONERAL DIRECTOR 1800 E. LOI	address abayd St
		. 11(1	

carefully. The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

VS. A15

PLEASE



11149 CERTIFICATE OF DEATH

Reg. Dist. No.

		_							
1. PLACE OF DEATH a. COUNTY	ltimore		MARYLAND	2. USUAL RESIDENCE (V	Vhere decease	d lived. If institution b. COUNTY	on: Residence	before admis	sion)
b. CITY OR TOWN (IF RURAL and give nec	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPITA OR INSTITUTION Paradis	e Hursin	ive street	address)	d. STREET ADDRESS 821 S. Wa	arwick	Road		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Jennie	st	Middle Tarring	Last	4. DATE OF DEATH	Mov. 1		Day	Year 19
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH	200	9. AGE (In years last birthday)	IF UNDER 1 Y		
Female	White	WIDOWE	***	Dec. 18, 1869	9	80 yrs.	Months Do	ys Hours	Min.
10a. USUAL OCCUPATION during most of worki	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stoll IVEW LOT	ndon,	Conn.	U.S		COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN		n Lieu			
Otis Di	mock			Harrie	et D.	Smith			
15. WAS DECEASED EVER	IN U. S. ARMED FOR Fyes, give wor or dates of s	ervice)	SOCIAL SECURITY NO. 17	Ola Tarrin	g Inci	Addi iardi 82	CIS.Wa	rwick	Rd.
Conditions, if an gave rise to im cottse (a), stating to lying course last.	he <u>under-</u>	1-0	Goneral	arteries	Coll	rosi	9	?	
PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	/EN IN PART 1	PERFO	AUTOPSY ORMED?
	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Part I or Pa	rt II of item 18.)			
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	While	NJURY OCCURRED 20e. Not white t of work	PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (Cit	y or town)	(Сои	nty)	(Stote)
actual signature Physician's	at I attended the	deceas , 19_s	, -	19 48, to 1th occurred at 6/s	CAM, fra		and an the	date stat	
22a. BURIAL, CREMATION REMOVAL (Specify)	11/3/56		22c. NAME OF CEMETERY Loudon Pa	or CREMATORY		TION (City, town,		(Sta	ite)
23. FUNERAL DIRECTOR'S			ADDRESS		C'E BY REGIS		STRAR'S SIGN	TURE	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death etained by the haspital or attending physician.

**PIRECTOR: After this certificate has been signed by the attending physician and campletely filled. Then please remove carban papers. Pages page 3 Juid be detached far use as the burial-transit permit. Then please remove carban pap the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNE VS A15 (4) 15M 9/55

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Baltimore (ith Health Depart 11152 filed with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b COUNTY Kandylanore MARYLAND Maryland funerol b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pegrest town) pe RURAL and give negrest town) should timore more d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION trankford Avenue 00 and Avenue trank NAME OF Middle 4. DATE DECEASED OF Robert (Type or print) DEATH November 5 SEX 6. COLOR OR RACE 7. MARRIED ONEVER MARRIED R DATE OF BIRTH 9. AGE (In years lost birthday) male WIDOWED [7] DIVORCED T complet 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) corosa 00 14. MOTHER'S MAIDEN NAME ofter 13. FATHER'S NAME physicion ohn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no. or unknown) Grace B. Tiltord. 6212 Franktorg offending | CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). 0 PART I. DEATH WAS CAUSED BY: Tumor of the Brain IMMEDIATE CAUSE (o) DUF TO p Conditions, if ony, which None ony gned gove rise to immediate De C DUE TO casse (o), stoting the underpuo lying couse lost. buriol-tronsit peen CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY None 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificote None 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED use foctory, street, office bldg., etc.) While Not while of work of work n m for Oct. 21. I certify that I attended the deceased fram. ____,that I last saw the deceased detoched and that death accurred at 5:30 alive on Nov 1 P.M. fram the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL P PHYSICIAN'S Gnalfart 6210 York Boad. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) REMOVAL (Specify) em.

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IF UNDER 1 YEAR IF UNDER 24 HRS.

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24b. REGISTRAR'S SIGNATURE

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. IS RESIDENCE

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23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11153

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Dist. No.	

	PLACE OF DEATH			2. USUAL RESIDENCE (WE	here deceased live		nı Residence bef	ore admission)
	a. coom.	Baltimere	MARYLAND	Md.		b. COUNTY		`
	b. CITY OR TOWN (III RURAL and give ne	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate l	limits, write RL	JRAL and give ne	earest town)
5	3	Tewsen	6 wks	Bal	to.		3	V01-4
	d. NAME OF HOSPIT	AL (If not in haspital, give street	oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	OK IIIOII	Armacost Nur	sing Home	4404 R	skeby R	d.		YES NO
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mont	h D	ay Year
	(Type or print)	Caroline	A. 7	Cillery	DEATH	Nov.	13	19 56
5. :	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years ist birthday)		R IF UNDER 74 HRS.
	F.	W. WIDOW	ED DIVORCED	Aug. 18. 1887			Months Days	Haurs Min.
10a	USUAL OCCUPATIO	N (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or fareign country	r)	12. CITIZEN	OF WHAT COUNTRY?
	H.W.	ing me, even it remed)	0.H.	Balto	Md.		US	A
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	F-1-13		
		Theodore L	cese	Ur	nknown			
		R IN U. S. ARMED FORCES? 16.		INFORMANT		Addre	ess	
1.0	z, no, or onenowny	ir yes, give wor or dates or service)	lirs	Paul L.Fal	lkemer.	4404 I	Rekeby	Rd.
	18. CAUSE OF DEA	TH [Enter anly ane couse per li	ine far (a), (b), and (c).]	0			IN	ERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	of ourse 1	Occhurio			ON	SET AND DEATH
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	cotse (a), stating to lying cause last.	ne under-	Derbno	my Sche	1010.			
NO	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	75 15 15 15 1	_					6).	PERFORMED?
TIFIC	20a. ACCIDENT WA	S UNDERLYING [206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of	item 18.)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)						
CAL	20c. TIME OF INJUR			ACE OF INJURY (Home, farm		own)	(County	(Stote)
MEDICAL	Hour a. m.	19 White	TAOL MILLS	ictory, street, office bldg., etc)		. /	
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	alive on 602	1/3		/ 49 .	- A4 & 4h			aw me aeceasea ate stated above.
	dive on 10	7/	, and mar dean		ADDRESS (Street,			DATE SIGNED
	ACTUAL SIGNATURE	Myme	systell	3033		-y 8	ZX	
		11 17 11	7	.M.U.				
	PHYSICIAN'S NAME (Type)	M. laul 1	yerly					
220	BURIAL, CREMATIO	N, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	(City, town, a	r county)	(State)
	Burial	Nev.16/56	Cedar Hil	1 Cemetery	A.A.	de Md.	/	
23.	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	3/1//3	D SY REGISTRAR	-24b. REGIS	RAR'S SIGNATU	RÉ
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11154 CERTIFICATE OF DEATH

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Talbot Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Fort Howard Md. Trappe d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital YES T NO T Route NAME OF First Middle 4. DATE Last Month Day Yeor DECEASED OF WILLIAM TRICE November (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys White Male DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Fishing Seaford, Delaware U.S.A. Waterman 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosie Williamson Thomas Trice IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md. es None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY EMPHYSEMA IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ARTERIOSCLEROTIC HEART DISEASE YES KI NO I 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. Day, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 0. /1. While Not while of work of work p. m 21. I certify that Vattended the deceased from Sept 26 1956, to November 3 1956 16619964364364366666666 ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Fort Howard, Md. PHYSICIAN'S NAME (Type) C. J. PAPASTRADT .. M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Windy Hill Cemetery Tranne. Maryland 23. FUNERAL DIRECTOR'S STGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

. Dutchman's Lane Easton.

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b. CITY OR TOWN (II	f outside carporate limiteorest town)	its, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN (IF		ote limits, write R	URAL ond	give neor	est town	1)
52 Catonsv.	ille		2 mo.		Riverd	ale La	urel		16 -	. 41	- 2
d. NAME OF HOSPIT	AL (If not in hospital, g	give street	address)		d. STREET ADDRESS				6	. IS RES	FARM?
	Greve Sta		spital		601 Mai	n Stre	ee t				NO 🖹
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mon	th	Day		Year
(Type or print)	Horte	ense	IMM		Ward	DEATH	Nov.	24,	1956	>	19
5. SEX	6. COLOR QR RACE	7. MARR	RIED NEVER MARRIED	□ B. D	ATE OF BIRTH		9. AGE (In years lost birthday)	Months	-		
Female	White	WIDOW		7.70	r.29,187	6	79 80 yrs.	Monins	Days	Haurs	Min.
Oa. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stot	le or foreign co	untry)	12. CI	TIZEN OF	WHAT	COUNTRY
	sewife	'	*** *** ***		Charles	Co. N	Id.	I	USA		
3. FATHER'S NAME	* 0			1.	MOTHER'S MAIDEN	NAME					
	K Coelis	stiu	s Hayden			Eliz	a Baile	ey			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
?			3	Ho	spital rec	ords					
18. CAUSE OF DEA	TH [Enter only one co	ause per li	ne far (a), (b), and (c).]						INTE	RVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	2)	Congestive	heart.	failure				UNS	da	
4-43x	DUE TO		8								
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lying cause lost.) (c	c)	Hypertensi	ve ca	rdiovascul	ar dise	286		2	ear	8
ICATIO	None		ONTRIBUTING TO DEAT					'EN IN PAR	T 1(a) 19		AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	n Part I or Part	II of item 1B.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	20d, II While at wor	Not while	0e. PLACE factory	OF INJURY (Hame, for street, office bldg., e	itc.)			Caunty)		(State)
	at I attended the			leath oc	1956 -Nov curred at 2:4	M, from	the causes of the city or town,	ind on t	last sar he date	e state	deceased ed above. ATE SIGNED
PHYSICIAN'S NAME (Type)	Dr. Char	les W	ard Sprin	g Gro	e State H	losp. Ca	tons vi ll	Le 28	Md.		
22a. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC		St. Mary		emeterv	L	ION (City, town, o	GTA		D-F	Md.
23. FUNERAL DIRECTOR'		317	PADDRESS PARVE S.E	O.C.	M. 3 249. REC	C'P BY REGISTI	SAR 24b. REGI	TRAR'S SIG	GNATURE	aru.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be cined by the haspital ar attending physician.

FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death. TO FUNE VS A15 (4) 15M 9/55



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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY o. COUNTY Baltimore o. STATE MARYLAND altimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Woodlawn Yrs d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1913 Oak Drive 1913 Oak Drive YES NO I NAME OF First Middle Last 4. DATE Manth Day Year DECEASED John Francis Warns DEATH (Type or print) 19 OV 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days DIVORCED [Feb. 23.1907 49 WIDOWED | Male White YES. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction Md. General Contractor 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Hohman John Warns 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address Eileen E. Warns 1913 Oak Drive no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO codse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (State) Day, Year (County) factory, street, affice bldg., etc.) Haur o. m. While Not while of work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred ZM, from the causes and on the date stated above. ADDRESS (Street, pily or town DATE SIGNED ACTUAL PHYSICIAN'S o Mas G. Abbott NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY ar county) (State) REMOVAL (Specify) Woodlawn 1-12-1956 Burial Lorraine Park ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SEGNATURE

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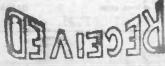
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TO HOSPITAL OR TO FUNE I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

11150

	11	IUI CERIII	CAIL OI DEATI	Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY BALT	IMORE	MARYLAN	II a STATE	here deceosed lived. If institution: Resident December 1.AND b. COUNTY	dence before admission)
b. CITY OR TOWN (II RURAL and give no	f outside carparate limits, we	rite c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (IF	outside corporate limits, write RURAL a	nd give nearest town)
FORT HOWAR	D	110 Days	BALT	IMORE	3/01-4
OR INSTITUTION	AL (If not in hospital, give s MINISTRATION		d. STREET ADDRESS	NORTHERN PARKWAY	e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	First EDWA	Middle (NMI)	lost WESTER	4. DATE Month OF DEATH NOVEMBER	Doy Year 22, 19 56
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
MALE	WHITE WIE	DOWED DIVORCED	OCTOBER 2, 1	896 lost birthday) Month	ns Days Hours Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR IN Electronic Bus			CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
William W	lester		Katherine K	iel	
Yes Yes	R IN U. S. ARMED FORCES? (If providing war or dates of service) ATH [Enter anly and course		Clinical Recor	ds, Vet. Adm. Hospita	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	CARCINOMA OF PR	OSTATE WITH GE	NERALTZED	ONSET AND DEATH
Conditions, if ar gove rise to it couse (a), stating lying couse last.	ny, which (b)	METASTASES			2 YEARS
CATIC				IINAL DISEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
UF EITHER, NOTIFY	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury in	Part I or Part II of item 18.)	
20c. TIME OF INJUR Hour a. p. p. m.	v	Od. INJURY OCCURRED 20e. While Not while I work of work	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
	J Pages no	+ HD.	ath occurred at 7500	A.M., fram the causes and or ADDRESS (Street, city or town, state) HOWARD, MARYLAND	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		22c. NAME OF CEMETERY Baltimore Na		22d. LOCATION (City, town, or count Baltimore, Mary)	
23. FUNERAL DIRECTOR	- BUMLE LOCA	ADDRESS Harford Rd., Ba	24g, REC	D BY REGISTRAR 246. REGISTRAR'S	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11163 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11153

Reg. Dist. No.

14													
	a. COUNTY	altimore		MARYL	AND	2. USUAL RESIDENCE o. STATE Mary	(Where deced	b. COUNT		nce before od	mission)		
1	b. CITY OR TOWN (IF and give nearest fown	dl N	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
1	Townson					Towson (Rodgers Forge)							
				pital, give street address)		d. STREET ADDRESS					RESIDENCE		
-		20 Hopkins	Road			220		s Road		YES	□ NO □		
3.	NAME OF DECEASED (Type or print)	VIO		(Fradices F.)	WHITE	4. DATE OF DEATH	Nove		19	Year 19 56		
5.	Female	6. COLOR OR RACE White	7. MARRIE	DECNEVER MARRIED		DATE OF BIRTH June 19, 18	98	9. AGE (In years lost birthday) 58 yrs.	Months D	YEAR IF UN Days Hours	DER 24 HRS. Min.		
10	a. USUAL OCCUPATIO	ON Give kind of work	done 10b. K	IND OF BUSINESS OR IN					12. CITIZ	EN OF WHA	T COUNTRY?		
L	homemaker	g life, even if retired)	at	home		Penna							
13	B. FATHER'S NAME					14. MOTHER'S MAIDEN							
	Wm. M. Jo	nes				Laura B.	_						
		ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Address					
				no	Mr	s. Marion R	oettge	r - 1352	Winsto	n Ave			
CERTIFICATION	Conditions, if an gove rise to immed (a), storing the account lost. PART II. OTH	diote cause DUE TO (c)	DITIONS CC	NTRIBUTING TO DEATH					VEN IN PART	1(o) 19. WAS PERF YES [S AUTOPSY FORMED? NO		
_		NTRIBUTING [I	HOW INJURY OCCURR									
MEDICAL	Hour g. m.	RY Month, Day, Yea	ar 20d, I While		PLAC factor	E OF INJURY (Home, for y, street, office bldg., e	tc.)		(Cour		(State)		
ME		19	,	rk ot work	176	Home		owson		timore			
				Accident				nspectian 🔀	-	, and	find that		
	ACTUAL SIGNATURE	trulf-	1	men		M.D. CHIEF MEDICAL	EXAMINER [SIGNED		
	EXAMINER'S NAME (Type)	Paul F	Guer	in. M.D.		DEPUTY MEDICA				11/1	9/56		
22	e. Burial, CREMATIO REMOVAL (Specify) Cremation	22b. DATE THEREC		22c. NAME OF CEMETER			22d. LOC/	TION (City, town,	or county)	(\$10	ote)		
23	EUNERAL DIRECTOR	'S SIGNATURE	er Ys	ADDRESS SOW - BU	oto		Nov. 20	TRAR 24b KEGI	strar's sign	HATURE THEY	÷		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the content of the funeral director. Page 4 should be forwed in the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your s.

TO FUREAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registion to burial evaluation. VS. A15ME(5) 5M 9/55

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MARKIAND STATE DEPARTMENT OF HEAT IN- BALLIMORIL TH

322 N. Schroeder Hale

Balto., Md.

(State)

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

death.



23. FUNDERAL DIRECTOR'S SIGNATURE

Katie Williams Funeral Home.

PARTICIPATION OF THE A Company of a party of the first party of the party of t haurs after death

80 HOSPITAL

15M 9/55

THE STATE OF DEATH and the contract of the contract of 3961 E1 NON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 12 FilmG207 11-26-56 et CERTIFICATE OF DEATH Reg. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY filed b. COUNTY Baltimore MARYLAND Maryland the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Dundalk Dundalk d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? NX 233 Pinewood Road 233 Pinewood Road YES NO 3. NAME OF First Middle Lost DATE Month Day Year DECEASED (Type or print) Ottille P. Winters DEATH 1956 16 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 82 Months Hours Min. Sept. 4. 1874 DIVORCED T WIDOWED | papers. Female white YES cample 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Germany U.S.A. and ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SO physician Carl Slebert Henrietta Schmidt MON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs.Carl Sipes, 233 Pinewood Avenue ending 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 443% **DUE TO** Conditions, if ony, which permit gove rise to immediate **DUE TO** cosse (o), stoting the underlying couse lost PART AL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? C YES NO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc. O. m. While Not while ot work of work p. m 21. I certify that Lettended the deceased fro and that death occurred at TM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED SIGNATURE D PHYSICIAN'S NAME (Type) FUNE 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page BEMOVAL (Specify)

St. Mathews

ADDRESS

1217 St. Baul Street

11-19-56

23. FUNERAL DIRECTOR'S SIGNATURE

William Cook, Inc.,

Baltimore, Maryland

24a. BEO'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 10 VS A15 (4) 15M 9/55

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		THE COMMENS OF	

ADDRESS

Wilkens Ave

24a. REC'D BY REGISTRAR

DATE //-21-56

Reg. Dist. No. 42 b. COUNTY imore e. IS RESIDENCE ON A FARM? YES TI NO T Day Yeor 11-17-56 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours Min. 12. CITIZEN OF WHAT COUNTRY? US Address Maryland INTERVAL SETWEEN ONSET AND DEATH To da PERFORMED? YES NO (County) (State) 16 1956 that I last saw the deceased

(Stote)

24b. REGISTRAR'S SIGNATURE

0 15M 9/SS

23_EUNERAL DIRECTOR'S SIGNATURE

H. Hubbard, 4107

RECORDER OF THE CONTROL OF THE CONTR

9961 13 VOI

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1217 St.Paul

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DATE

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William Cook Inc.,

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

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5M 9/55

e. IS RESIDENCE ON A FARM? YES T NO T Year 19 IFUNDER TYEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? 517 W. Biddle St. INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY RERFORMED? NO [(County) (State) Inquiry . and find that Homicide , Undetermined cause DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE 918 Druid Hill Hve

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

1537 MEANE St. Ft Howard Hospitet JOHN W. YHELDOUGHE NOV manner 1 1890 59 P.TIS DONG MC. USA Labordes Sernella ? Carkin 6 400 23+07-6250 Cladis Bullock SIT W. Biddle ST. - HYPERTERNIVE CARDICUASCULAISE PULLING ARY THEOM ROSIS BUREAU V. A. 9961 L 10N BUNET C. Nor 8,1950 Botto. Notional Com. Botto Plat a Helical TIP Dad Hill Ave MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S. 3561 61 VON

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be mained by the haspital or attending physician. TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and completely filled that the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 thours ofter death.

MARYLAND	STATI	DEPARTMENT	OF HEALTH—BALTIMORE,
111	70	CEDTIEICATE	OF DEATH

11162

CERTIFICATE OF DEATH 11110

Reg. Dist. No.

18

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1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY) /	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard 75 days							c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore						,
d. NAM	d. NAME OF HOSPITAL (If not in hospital, give street address)						ADDRESS	more			e. 1	S RESIDE	ENCE
	Veteral	ns Administ	rati	on Hospita	1	0	23 W4	lmer Co	met.			ON A FA	ARM?
3. NAME	QF.	Fig		Middle			ıst	4. DATE	Mo	-16		Yeo	
DECEA: (Type o	SED or print)	MOS	SES	H.	10.00		ORK	OF DEATH	Nover		Day 13		56
5. SEX		6. COLOR OR RACE		RIED NEVER MARRI	IED 🗀	8. DATE OF BIR			9. AGE (In years lost birthdoy)				
M	ale	Negro	WIDOW			10/28	/89	1000	lost birthdoy) 67 yrs.	Months	Days H	ours	Min.
10a. USU/	AL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHE	LACE (Stot	te or foreign co			ZEN OF V	VHAT CO	DUNTRY
	echani		'	Garage		Har	rriso	nburg,	Va.	1	U.S.A		
13. FATHE				0.000		14. MOTHER	S MAIDEN	NAME					
W	esley !	York				Phy:	llis						
15. WAS D	ECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. II	NFORMANT			Add	Iress	-		
Yes, no, or	S	(If yes, give wor or dates of s	ervice)	213-01-057	9	Clin.Red	c.,Ve	t.Adm.H	losp., Ft	. How	ard,	Md.	
Con gov. cause lying 20a. A OR CC (IF EIT	ditions, if and of the state of	The under- DUE TO (c) HER SIGNIFICANT CON IS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS 0	RCINOMA OF	PAN EATH BUT	NOT RELATED T	O THE TERM of injury in	MINAL DISEASI n Port I or Port	E CONDITION GI		ONSET UN	AL BETWAND DE IKNOW	TOPSY AED?
~	Hour a. fr. p. m.	19	While	Not while	foo	tory, street, offic	e bidg., e	tc.)					
ACTU. SIGN/	XARX XXX	at Kattended the	a	XXXX, and that	he	occurred at	5:25	AM, fran	r 13, 19 50 in the causes of reet, city or town,	and an th	e date	stated	abave signed
REMO	AL, CREMATIO	N, 226_DATE THEREC	F	22c. NAME OF CEM					ION (City, town,			(Stote)	10 to 100 to 100 to
23. FUNER	AL DIRECTOR'	S SIGNATURE		Baltimor	e MS	CTOURT.	240 PEC	D BY REGIST	Ltimore,	STRAR'S SIG	NATURE		
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VS A15 (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10991 CERTIFICATE OF DEATH

Reg. Dist. No. 42

11163

DECEASED (Type or print) Anna I SIMEL S. SEX C. COLOR OF RACE AMBRED NEVER MARRIED DIVORCED DIVORC	1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore
d. STREET ADDRESS OR INSTITUTION (I've in hospital, give street address) OR INSTITUTION OR INSTI	RURAL and give nearest tawn)	
DECEASED (Type or print) Anna M. Zinnell November 19, 19 56 S. SEX 6. COLOR OF RACE 7. MARBEED NEVER MARBEED B. DATE OF BIRTH 9. AGE (In year) 19 UNDER 1 YEAR IT UNDER 221 HS. Months 100. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give look) 100. USUAL OCCUPATION	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	ON A FARM?
S. EX. 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lie Junder 17 Year) if under 22 HES.	DECEASED	OF
DIVORCED DIV	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
DOLUSIAL OCCUPATION (Cive kind of work done) during most drynking life, even if retired) DURING WITE STANDER NAME HYLAND Pennington S. WAS DECEASED EVER IN U. S. ARMED FORCES? I. S. SOCIAL SECURITY NO. II. S. OCCUPATION (Cive kind of work) III. S. WAS DECEASED EVER IN U. S. ARMED FORCES? III. S. OCCUPATION (IN FORCES) III. S. OCCUPATI	Female White WIDOWED DIVORCED	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? IT. (6. SOCIAL SECURITY NO. 17. INFORMANT Address IT. (7. No. of windown) If you, give wor defend of survice of the property of th	during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
S. WAS DECEASED EVER IN U. S. ABMED FORCES? IVE. No. of unknown) INTERVAL BETWEEN ONSET AND DEATH ONSET AND ONSET AND DEATH ONSET AN	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EVER IN U. S. ABMED FORCES? IVE. No. of unknown) INTERVAL BETWEEN ONSET AND DEATH ONSET AND ONSET AND DEATH ONSET AN	Hyland Pennington	Ann R. Reiter
18. CAUSE OF DEATH [Enter only one couse per lim for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DBY: DUE TO Conditions, if any, which gave rise to immediate costs (a), stoling the underlying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO [7] OR. ACCIDENT WAS UNDERRIVING CAUSE OF DEATH (b) 19. WAS AUTOPSY PERFORMED? YES NO [7] 20c. TIME OF INJURY MEDICAL EXAMINER) 20c. TIME OF INJURY MEDICAL EXAMINER) 20c. TIME OF INJURY MEDICAL EXAMINER (b) at work of orders, street, office bidg., etc.) 21. I certify that/I attended the deceased from 3 9 19.5, to 19. My from the causes and on the date stated above ADDRESS (Street, city or lown, stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20c. BURIAL CREMATION, READ ATTENDED TO THE THEREOF TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. WAS AUTOPSY PERFORMED? YES NO [7] YES NO	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP (Yes, no. or unknown) [(If yes, give wor or dates of service)	NFORMANT Address
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19 While While of work 19 While of work 19 While of work 19 While of work 19 While of work 19 While While of work 19 While While of work 19 While While While of work 19 While While While of work 19 While W	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO (b) (b) (c)	PERFORMED?
21. I certify that I attended the deceased from 3/9, 1955, to 1/9, 1956 that I last saw the deceased alive on 1/8 56, 19, and that death occurred at 120 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		D. (Enter nature of injury in Part I ar Port II af item 18.)
alive on	Hour a.m. While Nat while fac	ACE OF INJURY (Home, form, lary, street, affice bldg., etc.) (City or town) (Caunty) (State)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 11/25/50 20. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b, REG	actual signature PHYSICIAN'S	occurred at 1200 M, from the causes and an the date stated above
REMOVAL (Specify) 11/25/56 Joudon Perk Compton Bultingra 11/25/56 Joudon Perk Compton Bultingra 11/25/56 Indian Perk Compton Bultingra		0 CORMATORY 224 IOCATION/City to 1
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specify)	
Wowend W washband 4307 Williams January 1 10 0 CV . 111		

CERTIFICATE OF DEATH

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